

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001524

1. Entity Name

CLARE BRIDGE OF WEST MELBOURNE LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12: 06

Principal Place of Business

450 N. SUNNYSLOPE RD., SUITE 300  
BROOKFIELD WI 53005

Mailing Address

450 N. SUNNYSLOPE RD., SUITE 300  
BROOKFIELD WI 53005-4861



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10000 Innovation Dr.

3. Mailing Address

10000 Innovation Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tax Dept

Tax Dept

City & State

City & State

Milwaukee WI

Milwaukee WI

Zip

Zip

53226

53226

Country

Country

4. FEI Number

39-193328 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
HCR/ALTERRA DEVELOPMENT II, LLC  
STREET ADDRESS 450 N. SUNNYSLOPE RD., SUITE 300  
CITY- ST- ZIP BROOKFIELD WI 53005 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 10000 Innovation Dr.  
CITY- ST- ZIP Milwaukee WI 53226

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500003282565-0  
CITY- ST- ZIP -06/09/00--01058--002  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Mark J. Chapman  
4-21-00

414-918-5593

CR2E083 (9/99)