2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

FILED DOCUMENT # L01000000489 Apr 24, 2006 08:00 AN Secretary of State 1. Entity Name DEERFIELD CENTRE, L.L.C. Principal Place of Business Mailing Address 48 EAST ROYAL PALM RD. 48 EAST ROYAL PALM RD. **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 65-1067482 Not Applicable Zιρ Country Z_{10} Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, MORRIS Street Address (P.O. Box Number is Not Acceptable) 48 EAST ROYAL PALM RD. **BOCA RATON FL 33432** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or tegistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typnid or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TRLE MGRM ☐ Delete ☐ Change MIE Addition | NAME ROBINSON, MORRIS NAME U00000530620 STREET ADDRESS STREET ADDRESS 48 EAST ROYAL PALM RD. 05/06/06-80002-022 SU IN CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP nne☐ Delete THE MGRM ☐ Change Addition NAME ROBINSON, CHARLOTTE NAME STREET ADDRESS STREET ADDRESS 48 E ROYAL PALM RD CITY - ST - ZIP CITY-ST-ZIP BOCA RATON FL 33432 me Delete MGRM THUE ☐ Change ☐ Add St NAME NAME BRAMNICK, HINDA STREET ADDRESS STREET ADDRESS 48 E ROYAL PALM RD CITY-ST-ZIP CRY-ST-ZIP BOCA RATON FL 33432 TITLE MGRM ☐ Defete THIS ☐ Change Addition | ROBINSON, PHYLLIS NAME STREET ADDRESS 48 E ROYAL PALM RD STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIP RIKE ☐ Defete me Addition ☐ Change HALLE NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. I further certify that the information indicated on this report is are 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 of the exemptions are required by Chapter 608, Florida Statutes.

Morris Robinson

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561-368-1852

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