2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT **DOCUMENT #L01000007400** 1. Entity Name



FILED

May 16, 2007 8:00 am Secretary of State

05-16-2007 90174 024 ****50.00 3661 INTERSTATE PARK, L.L.C. 40119152 Principal Place of Business Mailing Address 3950 RCA BLVD. 3950 RCA BLVD. 5000 5000 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04262007 CR2E083 (12/06) Chq-LLC City & State City & State 4. FEI Number Applied For 65-1106165 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREY, JOHN W III Street Address (P.O. Box Number is Not Acceptable) 701 US HWY ONE **STE 402** NORTH PALM BEACH, FL 33408 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Delete ☐ Change Addition BILLS JOHN C NAME NAME STREET ADDRESS 3950 RCA BLVD. #5000 STREET ADDRESS CITY-ST-ZiP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP MGRM TITLE TITLE ☐ Change ☐ Addition ☐ Delete BILLS, VIRGINIA K NAME STREET ADDRESS 3950 RCA BLVD, #5000 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP MGRA ☐ Delete ☐ Change TITLE TITLE Addition BILLS, SDINN ZULL NAME NAME 3950 REA BLAD STE 5000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARM BEACH GARABERS, FE 33410 ☐ Deřete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP

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

☐ Delete

Date

Daytime Phone #

Change

Addition