

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Dec 18, 2009  
Secretary of State**

DOCUMENT# L05000074119

Entity Name: MINTO TOWNPARK, LLC

**Current Principal Place of Business:**

4400 W. SAMPLE ROAD, SUITE 200  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

4400 W. SAMPLE ROAD, SUITE 200  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 32-0155670      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRAXINGER, JAMES B  
4400 W. SAMPLE ROAD  
SUITE 200  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: C      ( ) Delete  
Name: GREENBERG, ROGER  
Address: 4400 W. SAMPLE ROAD, SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR      ( ) Delete  
Name: JOANISSE, PHILIPPE  
Address: 4400 W. SAMPLE ROAD, SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073

Title: EVP      ( ) Delete  
Name: TRAXINGER, JAMES B  
Address: 4400 W. SAMPLE ROAD, SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073

Title: EVP      ( ) Delete  
Name: BELMONT, MICHAEL J  
Address: 4400 W. SAMPLE ROAD, SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SVP      ( ) Delete  
Name: JOANISSE, PHILIPPE  
Address: 4400 W. SAMPLE ROAD, SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VST      (X) Delete  
Name: RODGERS, FRANK  
Address: 4400 W. SAMPLE ROAD, SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOANISSE, PHILIPPE

MGR

12/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date