2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000005397

FILED Jul 15, 2009 Secretary of State

Entity Name: INDEPENDENCE PARK LAND INC. **Current Principal Place of Business: New Principal Place of Business:** C/O JP MORGAN CHASE BANK 4900 MEMORIAL PARKWAY, 1ST FLOOR TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** C/O JP MORGAN CHASE BANK 4900 MEMORIAL PARKWAY, 1ST FLOOR TAMPA, FL 33634 US FEI Number: 13-4080941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BERTIN, KIM Name: KIM Name: 270 PARK AVENUE 270 PARK AVENUE Address: Address: City-St-Zip: NEW YORK, NY 10017 US City-St-Zip: NEW YORK, NY 10017 US Title: Title: () Delete (X) Change () Addition Name: STEVEN Name: KOERNER, STEVEN 4900 MEMORIAL PARKWAY 4900 MEMORIAL PARKWAY Address: Address: TAMPA, FL 33634 US TAMPA, FL 33634 US City-St-Zip: City-St-Zip:

 Name:
 LLOYD

 Address:
 10 SOUTH DEARBORN

 City-St-Zip:
 CHICAGO, IL 60603 US

 Title:
 D () Delete

 Name:
 KOERNER, STEVEN J

 Address:
 4900 MEMORIAL HIGHWAY

 City-St-Zip:
 TAMPA, FL 33634 US

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Title:

Title: () Change () Addition Name:

10 SOUTH DEARBORN

CHICAGO, IL 60603 US

SHIELDS, LLOYD

(X) Change () Addition

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: STEVEN KOERNER V 07/15/2009