

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000001351

**FILED**  
**Sep 27, 2011**  
**Secretary of State**

**Entity Name:** JORDAN PARK DEVELOPMENT, LLC

**Current Principal Place of Business:**

THE BRANDYWINE CTR I, 580 VILLAGE BLVD  
SUITE 360  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

477 SOUTH ROSEMARY AVE  
SUITE 301  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

THE BRANDYWINE CTR I, 580 VILLAGE BLVD  
SUITE 360  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

477 SOUTH ROSEMARY AVE  
SUITE 301  
WEST PALM BEACH, FL 33401

**FEI Number:** 06-1571853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE RICHMAN GROUP OF FLORIDA, INC.  
THE BRANDYWINE CTR I, 580 VILLAGE BLVD  
SUITE 360  
WEST PALM BEACH, FL 33409 US

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

THE RICHMAN GROUP OF FLORIDA, INC.  
477 SOUTH ROSEMARY AVE.  
SUITE 301  
WEST PALM BEACH, FL 33401 US

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: KRISTIN M. MILLER

09/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THE RICHMAN GROUP OF FLORIDA, INC.  
Address: 477 SOUTH ROSEMARY AVE.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM  
Name: LANDEX OF JACKSONVILLE, INC.  
Address: 575 SOUTH CHARLES ST., STE. 506  
City-St-Zip: BALTIMORE, MD 21201

I hereby 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: KRISTIN M. MILLER

PRES

09/27/2011

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