

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000008271

1. Entity Name
PARKLAND 2000 DEVELOPMENT, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -7 PM 1:01

Principal Place of Business
2800 WESTON RD
STE 200
WESTON, FL 33331

Mailing Address
PO BOX 268270
WESTON, FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1057448

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES, INC.
1290 WESTON ROAD, SUITE 300
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name NOEL EPELBOIM

Street Address (P.O. Box Number is Not Acceptable)

2800 Weston Rd Suite 204

City Weston FL Zip Code 33331

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PARKLAND 2000 MANAGEMENT, INC.
STREET ADDRESS 2800 WESTON RD #200
CITY-ST-ZIP WESTON, FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME 900032773119
STREET ADDRESS 04/15/04--01015--004 **200.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

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

Date

Daytime Phone #