

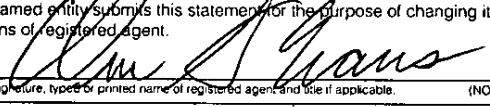
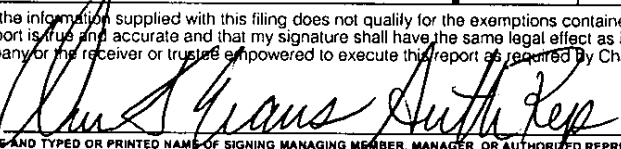


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90044 032 \*\*\*\*50.00

DOCUMENT # L00000013945					
<b>1. Entity Name</b> CBD PARKING, LLC					
<b>Principal Place of Business</b> 5295 TOWN CENTER ROAD, 3RD FLOOR BOCA RATON, FL 33486			<b>Mailing Address</b> 5295 TOWN CENTER ROAD, 3RD FLOOR BOCA RATON, FL 33486		
<b>2. Principal Place of Business</b> One Independent Dr. Suite, Apt. #, etc. Suite 114 City & State Jacksonville, FL Zip 32202		<b>3. Mailing Address</b> One Independent Dr. Suite, Apt. #, etc. Suite 114 City & State Jacksonville, FL Zip 32202			
04262006    Chg-LLC    CR2E083 (11/05)		<b>4. FEI Number</b> 65-1065941		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required		<b>6. Name and Address of Current Registered Agent</b> SCHOLL, HARVEY 5295 TOWN CENTER ROAD, 3RD FLOOR BOCA RATON, FL 33486			
<b>7. Name and Address of New Registered Agent</b> Name William G. Evans Street Address (P.O. Box Number is Not Acceptable) One Independent Dr. Ste 114 City Jacksonville    FL    Zip Code 32202		<b>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.</b> SIGNATURE  DATE 04-28-06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHOLL, HARVEY 5295 TOWN CENTER ROAD, 3RD FLOOR BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CBD Parking Manager LLC One Independent Drive, Suite 114 Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
SIGNATURE:  DATE 04-28-06    Daytime Phone # 904/356-1978 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					