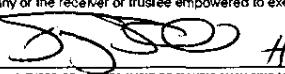


FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 92167 037 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**30068764**

DOCUMENT # L00000013945					
1. Entity Name <b>CBD PARKING, LLC</b>					
Principal Place of Business 5295 TOWN CENTER ROAD, 3RD FLOOR BOCA RATON, FL 33486		Mailing Address 5295 TOWN CENTER ROAD, 3RD FLOOR BOCA RATON, FL 33486			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1065841</b>	Applied For Not Applicable
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  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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.					
<p>SIGNATURE <small>(Signature, typed or printed name of registered agent and title if applicable)</small> (NOTE: Registered Agent signature required when changing)  <input type="checkbox"/> FILE NOW! FEE IS \$50.00  <input type="checkbox"/> Make Check Payable to Florida Department of State  <input type="checkbox"/> Due By May 1, 2003</p>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
Title NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHOLL, HARVEY 6295 TOWN CENTER ROAD, 3RD FLOOR BOCA RATON, FL 33486	<input type="checkbox"/> Delete	Title NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	
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	
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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 508, Florida Statutes.					
SIGNATURE: 			Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2003 (1002)