2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 11, 2008 8:00 am Secretary of State **DOCUMENT # L01000002899** 02-11-2008 90134 002 ***138.75 BGZM LAND, LLC Principal Place of Business Mailing Address **1053 MAITLAND CENTER COMMONS** PO BOX 916774 60007149 LONGWOOD, FL 32791-6774 SUITE 200 MAITLAND, FL 32751 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 59-2687498 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired п Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GABBAI, DAVID A Street Address (P.O. Box Number is Not Acceptable) 1053 MAITLAND CENTER COMMONS SUITE 200 MAITLAND, FL 32751 City Zio 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete TITLE ☐ Change Addition ZARINSKY, STANLEY NAME STREET ADDRESS PO BOX 916774 STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 327916774 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BROTMAN, LESTER** NAME NAME STREET ADDRESS PO BOX 916774 STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 327916774 CITY-ST-ZIP MGR TITLE ☐ Detete TITLE ☐ Addition MORSE, WILLIAM NAME NAME STREET ADDRESS PO BOX 916774 STREET ADDRESS LONGWOOD, FL 327916774 CITY-ST-7IP CITY-ST-ZIP TM F MGR ☐ Detete IIILE ☐ Channe ■ Addition DAVID, GABBAI A NAME NAME 1053 MAITLAND CENTER COMMONS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP TELLE Delete MLE. Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

STANLEY ZARINSKY

FILED

407-774-0774 Daytime Phone #