2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002899

Entity Name: BGZM LAND, LLC

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1053 MAITLAND CENTER COMMONS 202 ALBRIGHTON COURT LONGWOOD, FL 32779 SUITE 200

MAITLAND, FL 32751

Current Mailing Address: New Mailing Address:

PO BOX 916774 PO BOX 916774

LONGWOOD, FL 327916774 LONGWOOD, FL 327916774 US

FEI Number: 59-2687498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GABBAI, DAVID A GABBAI, DAVID A 1053 MÁITLAND CENTER COMMONS 202 ALBRIGHTON COURT

LONGWOOD, FL 32779 SUITE 200 MAITLAND, FL 32751 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.

ADDITIONS/CHANGES:

SIGNATURE: A. DAVID GABBAI 01/21/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGR Title: (X) Change () Addition () Delete

ZARINSKY, STANLEY ZARINSKY, STANLEY Name: Name: PO BOX 916774 Address: PO BOX 916774 Address:

City-St-Zip: LONGWOOD, FL 327916774 City-St-Zip: LONGWOOD, FL 327916774 US

Title: MGR () Delete Title: MGR (X) Change () Addition BROTMAN, LESTER Name: BROTMAN, LESTER Name:

Address: PO BOX 916774 Address: PO BOX 916774 City-St-Zip: LONGWOOD, FL 327916774 City-St-Zip: LONGWOOD, FL 327916774 US

Title: MGR () Delete Title: MGR (X) Change () Addition

MORSE, WILLIAM MORSE, WILLIAM Name: Name: Address: PO BOX 916774 Address: PO BOX 916774

City-St-Zip: LONGWOOD, FL 327916774 City-St-Zip: LONGWOOD, FL 327916774 US

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: DAVID, GABBAI A Name: DAVID, GABBAI A 1053 MAITLAND CENTER COMMONS 202 ALBRIGHTON COURT Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STANLEY ZARINSKY 01/21/2009