2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Mar 11, 2008 8:00 am Secretary of State 03-11-2008 90130 026 ***138.75 **DOCUMENT # L01000007400** 1. Entity Name 3661 INTERSTATE PARK, L.L.C. Principal Place of Business Mailing Address **60013875** 3950 RCA BLVD. 3950 RCA BLVD. 5000 5000 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 65-1106165 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREY, JOHN W III Street Address (P.O. Box Number is Not Acceptable) 701 US HWY ONE STE 402 NORTH PALM BEACH, FL 33408 City Zip Code FL 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 tille if applicable. (NOTE: Registered Agent signature required when reinstating) 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. **MGRM** TITLE ☐ Delete TITLE □ Change ☐ Addition NAME BILLS, JOHN C NAME STREET ADDRESS STREET ADDRESS 3950 RCA BLVD. #5000 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP **MGRM** TITLE ☐ Delete TITLE Change Addition BILLS, VIRGINIA K NAME 3950 RCA BLVD. #5000 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP **MGRM** Change ☐ Addition TITLE ☐ Delete TITLE BILLS, JOHN CLARK BILLS, JOHN C NAME 3950 RLA BLVD SUITE 5000 STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 and 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 receive of trustee endowed this report as required by Chapter 608, Florida Statutes.

ATURE AND TYPED OF PAINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED