2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTEDANAME OF SIGNING MANAGING MEMBER, MA

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # L02000017902** 04-29-2005 90058 002 ****50.00 PARKLAND JZ, LLC Principal Place of Business Mailing Address **たいいいまいいっ** 2200 W. COMMERCIAL BLVD. 2200 W. COMMERCIAL BLVD. SUITE 300 SUITE 300 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** 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 ZIMMERMAN, JORDAN Street Address (P.O. Box Number is Not Acceptable) 2200 W. COMMERCIAL BLVD. SUITE 300 FORT LAUDERDALE, FL 33309 City Zip Code 8. The above name, 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 by prin Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Change TITLE ■ Addition ☐ Delete ZIMMERMAN, JORDAN NAME NAME 2200 W. COMMERCIAL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED