


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90039 045 ****50.00

DOCUMENT # L02000017902	
1. Entity Name PARKLAND JZ, LLC	

Principal Place of Business 2200 W. COMMERCIAL BLVD. SUITE 300 FORT LAUDERDALE, FL 33309	Mailing Address 2200 W. COMMERCIAL BLVD. SUITE 300 FORT LAUDERDALE, FL 33309
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2. Principal Place of Business - No P.O. Box # 2200 W. Commercial Blvd	3. Mailing Address 2200 W. Commercial Blvd
Suite, Apt. #, etc. SUITE 208B	Suite, Apt. #, etc. SUITE 208B
City & State FL. LAUDERDALE, FL	City & State FL. LAUDERDALE, FL
Zip 33309	Zip 33309
Country U.S.A.	Country U.S.A.

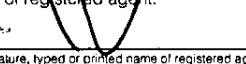
04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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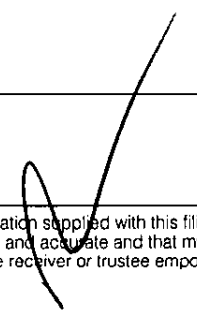
6. Name and Address of Current Registered Agent ZIMMERMAN, JORDAN 2200 W. COMMERCIAL BLVD. SUITE 300 FORT LAUDERDALE, FL 33309	
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7. Name and Address of New Registered Agent	
Name JORDAN ZIMMERMAN	
Street Address (P.O. Box Number is Not Acceptable) 2200 W. Commercial Blvd	
Suite SUITE 208B	
City FL. LAUDERDALE	Zip Code FL 33309

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 	DATE 4/10/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZIMMERMAN, JORDAN		NAME	
STREET ADDRESS 2200 W. COMMERCIAL BLVD.		STREET ADDRESS	
CITY - ST - ZIP FORT LAUDERDALE, FL 33309		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 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: 	DATE 4/10/07