2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

03-13-2003 90002 003 ****50.00

DOCUMENT # L02000021631

1. Entity Name

HIDDEN VILLAGE JZ, LLC

Principal Place of Business	Mailing Address
720 PELICAN POINT COVE BOCA RATON FL 33431 US	720 PELICAN POINT COVE BOCA RATON FL 33431 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2200 W Commercial Blvd	2200 W Commercial Blvd
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: FL. Lauderdale, FL	City & State: FL. Lauderdale, FL
Zip: 33309 Country: US	Zip: 33309 Country: US

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ZIMMERMAN, JORDAN
720 PELICAN POINT COVE
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: Zimmerman, Jordan
Street Address (P.O. Box Number is Not Acceptable): 2200 W. Commercial Blvd
Suite 300
City: FL. Lauderdale FL Zip Code: 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 President DATE 3/11/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE President NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE President NAME Zimmerman, Jordan STREET ADDRESS 2200 W. Commercial Blvd, Suite 300 CITY-ST-ZIP FL. Lauderdale, FL 33309	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: SIGNATURE REQUIRED President 3/11/03 (954) 731-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #