2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # L02000025978 1. Entity Name RIVERBEND CORPORATE PARK OF FORT LAUDERDALE, LLC Principal Place of Business Malling Address 2900 UNIVERSITY DRIVE 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 03172005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3691196 Not Applicable \$5.00 Additional 5. Certificate of Status Desired ∇ Fee Required 6. Name and Address of Current Registered Agent BROWARD BARRON, INC DO NOT WRITE 2900 UNIVERSITY DRIV E CORAL SPRINGS, FL 33065 IN THIS SPACE 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 title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME BROWARD BARRON, INC U00000324327 2900 UNIVERSITY DRIVE STREET ADDRESS 04/22/05-8009I-002 55.00 CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Broward Barro George Rahael President of

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Managing Member

.- 4/15/05 954-753-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daylims Phone #