2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT #L02000029091 03-31-2004 90347 044 ****50.00 1. Entity Name **GRAND PRESERVE LLC** Principal Place of Business Mailing Address Z40~~ 3350 N.W. ROYAL OAK-WAY-3350 N.W. ROYAL OAK-WAY-JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business 3. Mailing Address 3350 NW ROYAL OAK DRIVE 3350 NW ROYAL OAK DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03242004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FFI Number Applied For 71-0916994 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOX, M. LANNING FOX, WACKEEN, DUNGEY Street Address (P.O. Box Number is Not Acceptable) 1100 SOUTH FEDERAL HIGHWAY STUART, FL 34994 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITI F MGRM TITLE Delete ☐ Change ☐ Addition PRESERVE GRAND INVESTORS, LLC NAME NAME STREET ADDRESS 200 S. ORANGE AVENUE, SUITE 1900 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE MGRM ☐ Change Addition REMAR DEVELOPMENT COMPANY NAME NAME 3350 NW ROYAL DAK DRIVE STREET ADDRESS STREET ADDRESS JENSEN BEACH, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition 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 TITLE Delete TID F Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED

Mar 31, 2004 8:00 am

(772) 692-7800

TED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPE

SIGNATURE: