## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 26, 2007 8:00 am Secretary of State

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DOCUMENT # L03000002084  1. Entity Name PARKLAND 441, L.L.C.					04-26-2007 90026 041 ****50.00				
Principal Place of Business Mailing Address 2500 E. HALLANDALE BEACH BLVD. 2500 E. HALLANDALE BEACH BLVD.					6004	0760			
HALLANDALE	BEACH, FL 33009	HALLANDALE BEACH, FI	. 33009		Turi eti evene ifili evili evil	ABME BEIM BENG	41 <b>2</b> 11 W WEFE FRIET <b>B10</b> :	<b>11</b> 1 (6) (8 8)	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
2500 E. HALLANDACE BEACH BLVD 2500 E. HALLAND				CH BL VD """	KAN AN ANITA NEN TANI	BENI BENI BENI		ETI III ITÜL	
Suite, Apt. #, etc. Suite "T"		Suite, Apt. #, etc.		022620	007 Chg-LLC	CR2E	083 (12/06)		
City & State		City & State HAUANDALE BEACH, FL		4. FEIN				plied For	
	DALE BEACH, FL			۲۲	51-0448	522		t Applicable	
Ζίρ 33300	Country	<sup>Zip</sup> 33009	Country		icate of Status Desire		\$5.00 Add Fee Required		
	6. Name and Address of Current F	legistered Agent	Nome		and Address of Ne	w Registered	Agent		
LEGAL INFORMATION SRVS., INC 2300 WESTON RD STE 404				Name ROZENCWAIG NADEL & FERRERO - CARR  Street Address (P.O. Box Number is Not Acceptable)					
FORT LAL	JDERDALE, FL 33331		304	W. HALL	ANDALE BE	ACH B	LV D	Ψi.	
				ALLANDALE		FI		p9	
	named entity submits this statement ions of registered adea.	the purpose of changing its i	egistered office	or registered agent,	or both, in the State o	f Florida. I an	n lamiliar with,	and accept	
SIGNATURE .	Signature, typed or printed named registeryal agent a	nd title if applicable. (NOTE:	Pagistared Apart size	sture required when reinstati		DATE			
	Signature, typed or printed hashes registered agent a	no one a apparable. (NOTE	negistered Agent signi	ardic recorded when remarks	ngr	DATE			
Filing Fee is \$50.60 Due by May 1, 2007					Make check payable to Florida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIO	NS/CHANGE	S		
TITLE	MGR	Delete	TITLE	HGR.			Спапде	☐ Addition	
NAME	MILLENNIUM DEVELOPMENT E	NAME			TERPRL	SESILLE			
STREET ADORESS CITY-ST-ZIP	2800 WESTON ROAD, STE. 204 WESTON, FL 33331		STREET ADORESS CITY-ST-ZIP					TE T	
	VVESTON, TE 33331	По.		PACLAN DA	LE BEACH,	th 3		/ Addition	
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STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE		<u>.</u>		. Change	Addition	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CHTY-ST-ZIP			<del></del>			

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:

PRINTED NAME OF GRING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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