2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019252

Entity Name: PARK BOULEVARD DEVELOPMENT, LLC

JACKSONVILLE, FL 32224 US

City-St-Zip:

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 322249667 US **New Mailing Address: Current Mailing Address:** 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 322249667 US FEI Number: 81-1062209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SLG MANAGEMENT SERVICES, LLC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete GRIFFITH, SCOTT R Name: Name: 4315 PABLO OAKS COURT, SUITE 1 Address: Address: City-St-Zip: JACKSONVILLE, FL 322249667 US City-St-Zip: Title: Title: () Delete () Change () Addition STOKES, CHESTER JR Name: Name: Address: 4315 PABLO OAKS COURT Address: City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: Title: () Delete Title: () Change () Addition LAWARRE, JOY L Name: Name: 4315 PABLO OAKS CRT Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: KUNKEL, JOHN C Name: 4315 PABLO OAKS COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: Title: VPT () Delete Title: () Change () Addition FREDENHAGEN, SHARON W Name: Name: 4315 PABLO OAKS COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: Title: () Delete Title: (X) Change () Addition LA WARRE, JOY L HOLM, MALLORY G Name: Name: Address: 4315 PABLO OAKS COURT Address: 4315 PABLO OAKS COURT

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

JACKSONVILLE, FL 32224 US

SIGNATURE: MALLORY GAYLE HOLM VPSE 04/14/2009