2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L03000032912 01-14-2005 90036 036 ****50.00 TOWN COMMONS LLC Principal Place of Business Mailing Address 1601 FORUM PLACE, STE. 603 1601 FORUM PLACE, STE, 603 50001812 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number 20-0190435 Not Applicable \$5.00 Additional Fee Required Ζip Country Country 5. Certificate of Status Desired п 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOOSE, WILLIAM R III Street Address (P.O. Box Number is Not Acceptable) 515 N. FLAGLER DR., STE. 1900 WEST PALM BEACH, FL 33401 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 Signature, typed or printed name of registered again and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR Delete TITLE ☐ Change ☐ Addition **GELLER, HARVEY** MALLE MALE STREET ADDRESS 1601 FORUM PLACE, STE. 603 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE Delete TITLE. ☐ Change ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE ☐ Change ■ Addition MALAF MALE STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZP ■ Addition TILE Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP ☐ Defete TITLE Change Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7P 11. I hereby certify that the information supplied with this fiting 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 on the receiver or trustee empower of to execute this report as required by Chapter 608, Florida Statutes. **SIGNATURE**

FILED

Jan 14, 2005 8:00 am

THE AND TYPED OR PRINTED MAKE OF SCINING MANAGEM MEMBER, MANAGER, OH AUTHORIZED REPRESENTATIVE HALVEY GELLER