2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90016 037 ****50 00

DOCUMENT # L03000055598 1. Entity Name KOGÉR MCGINNIS PARK, LLC Principal Place of Business Mailing Address 24056014 C/O KOGER EQUITY, INC. C/O KOGER EQUITY, INC. 225 N.E. MIZNER BLVD, STE. 200 225 N.E. MIZNER BLVD, STE. 200 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For N/A Disregarder Not Applicable Zip Country Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAGG, K. LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD, STE 4900 MIAMI, FL 33131 City Zip Code FL 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) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES President TITLE ☐ Delete Change **X** Addition Thomas J. Crocker NAME NAME 225 NE Mizner Blad, Suk 200 STREET ADDRESS STREET ADDRESS Ration CITY-ST-ZIP CITY-ST-ZIP Boa 33432 vice fresident TITLE ☐ Delete TITLE Addition Christopher Becker NAME NAME 2951, Flowers Road South, # 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Atlanta GA Vice President CITY-ST-7IP Delete TITLE Thomas C. Brockwell NAME NAME BUCA RETON FL 33 STREET ADDRESS STREET ADDRESS Su.te 200 33/3 2 CITY-ST-ZIP CITY-ST-ZIP Vice President Treasurer TITLE ☐ Delete TITLE **X** Addition Skeven A. Abney 725 NE Mizner Bld., Su. te 200 Boog Raton Pl 33432 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 33432 President / Secretary TITLE ☐ Delete TITLE Addition NAME NAME Todd J. Amara Todd J. Amara 225 NE Mizner Blud., Suite 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 Hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

(SUI) 395-9666