2006 LIMITED LIABILITY COMPANY

FILED Apr 06, 2006 8:00 am Secretary of State

Zip Code

561-988-1700

3/20/06

ANNUAL REPURI					scoroung or state			
DOCUMENT # L05000017793 1. Entity Name GARD DEVELOPMENT I LLC						02-27-2006		23 034 ****50.00
Principal Place of 6	Business	Mailing Address	Mailing Address				•	,00047 <u>20</u> 0
6800 BROKEN SO BOCA RATON, FL			6800 BROKEN SOUND PARKWAY BOCA RATON, FL 33487					
					l infinium	ENITI Stell Sum Chill Chil		I (188 1) 20010 1018 8 JAN 10 10 10 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apr. #, etc.		Suite, Apt. #, etc.			03202006	Chg-LLC	CR2	E083 (11/05)
City & State		City & State	City & State		4. FEI Numbe	H 5.5		Applied For
					120-3	2388913		Not Applicable
Zip	Country	ΖÞ	Count	ту	5. Certificate	of Status Desired		\$5.00 Additional Fee Regulred
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
BELL, MARC I 6800 BROKEN BOCA RATON	I SOUND PARKWAY			Name Street Address (P.O. Box Numbe	r is Not Acceptable)	

City

 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 familier with, and accept
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstaung) DATE Filing Fee ts \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MERM DE H. BEND, STEZN TITLE Deteta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Boon Ratio, FL 33487 TITLE Delete marm TITE F ☐ Change Addition NAME Staten, Dariel 6800 Bisken Sound Pkng, 578200 Born Peten, Pl. 3467 HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE ☐ Change ■ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 11. I hereby certify that the information supplied with this fifing 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: AND TYPED OR PRINTED HAME OF BIOLOGY MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE