2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State **DOCUMENT #L05000041472** 05-01-2006 90046 044 ****50.00 1. Entity Name PALÉNCIA COMMERCIAL VENTURE, LLC Principal Place of Business Mailing Address 12443 SAN JOSE BLVD., SUITE 1002 12443 SAN JOSE BLVD., SUITE 1002 JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2752120 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRUCKUR CORPCO, INC. Street Address (P.O. Box Number Is Not Acceptable) 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI, FL 33133 PLENT HOUSE CITY FT LANDERDAW Zip Code 33301 8. The above named entity submits this statement for the purpose of change gistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regist SIGNATURE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOYCE DEVELOPMENT GROUP, INC. NAME NAME STREET ADDRESS 12443 SAN JOSE BLVD., SUITE 1002 STREET ADDRESS JACKSONVILLE, FL 32223 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ AddItion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAME SOHJ

FILED