

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90356 001 ****50.00

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| DOCUMENT # L05000052472 |  |
| 1. Entity Name FP LAND, LLC | |

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| Principal Place of Business 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432 | Mailing Address 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432 |
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| 2. Principal Place of Business - No P.O. Box # <i>One Financial Plaza</i> | 3. Mailing Address <i>One Financial Plaza</i> |
| Suite, Apt. #, etc. <i>Suite 102</i> | Suite, Apt. #, etc. <i>Suite 102</i> |
| City & State <i>Ft. Lauderdale FL</i> | City & State <i>Ft. Lauderdale FL</i> |
| Zip <i>33394</i> | Country <i>USA</i> |

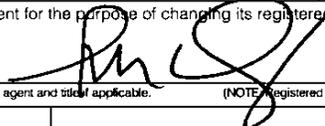
03062007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-2944710 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DOUGLAS, STEPHEN M 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432 | 7. Name and Address of New Registered Agent Name <i>Douglas, Stephen M</i> Street Address (P.O. Box Number is Not Acceptable) <i>One Financial Plaza</i> <i>Suite 102</i> City <i>Ft. Lauderdale FL</i> Zip Code <i>33394</i> |
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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:  DATE: *4-17-07*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SIMIGRAN, KENNETH H <input type="checkbox"/> Delete 120 EAST PALMETTO PARK RD SUITE 410 BOCA RATON, FL 33432 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>One Financial Plaza, Suite 102</i> <i>Ft. Lauderdale FL 33394</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOUGLAS, STEPHEN M <input type="checkbox"/> Delete 120 EAST PALMETTO PARK RD SUITE 410 BOCA RATON, FL 33432 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>One Financial Plaza, Suite 102</i> <i>Ft. Lauderdale FL 33394</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  DATE: *4-17-07* DAYTIME PHONE #: *(954) 616-1113*

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