2006 LIMITED LIABILITY COMPANY

SIGNATURE:

FILED Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90043 048 ****50.00

03/16/06 561-743-3700

ANNUAL REPORT

DOCUMENT # L05000056452 1. Entity Name JF LAND, LLC 20020627 Principal Place of Business Mailing Address 201 NORTH U.S. HIGHWAY ONE, SUITE 6-C 201 NORTH U.S. HIGHWAY ONE, SUITE 6-C JUPITER, FL 33477 JUPITER, FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For DISREGARDED ENTITY 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 GOLDSMITH, JEFFREY 201 NORTH U.S. HIGHWAY ONE, SUITE 6-C Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33477 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 MGMR JEFFREY H. GOLDSMITH 201 N US HWY I CO TITLE ☐ Delete TITLE Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP SUPITER FL 33477 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete 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 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 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.

D NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE