2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 22, 2008 8:00 am Secretary of State DOCUMENT # L06000011769 01-22-2008 90124 037 ***138.75 BV LAND DEVELOPMENT, LLC Principal Place of Business Mailing Address 21370 SWEETWAJER LANE 21370 SWEETWATER LANE BOCA RATON FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address & 40 E. Oakland Park Blud 840 F. Oakland tarkblud Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chg-LLC CR2E083 (12/06) 110 110 City & State City & State Applied For 4 FELNumber 1-1 El-Landerdale Pr Lauderdale in 20-4313031 Not Applicable Country USM Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired П USA ᢃᢃᢃ᠘ **3**7334 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHN, ALAN B Street Address (P.O. Box Number is Not Acceptable) 100 WEST CYPRESS CREEK RD., SUITE 700 FT LAUDERDALE, FL 33309 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State or referred and a second MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. marm MGRM TITLE '🛣 Delete TITLE **1** Change ☐ Addition ELI ZAMIR 840 E. OCKLOND PARK BIND # 110 ZARNER, KI NAME STREET ADDRESS 840 EAST OAKLAND PARK BLVD #110 STREET ADDRESS Fr. Landedale 12 33334 CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-7IP mam MGRM TITLE ☐ Delete TITLE ☐ Addition 840 F. Oakland Park sud ste 110 Amos CITESS CALLES, ALAN NAME NAME 840 EAST OAKLAND PARK BLVD #100 STREET ADDRESS STREET ADDRESS Ffiauderdale FL 33334 CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. ELI ZAMIR 1/15/08 9545655501. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

FILED