

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

04-08-2008 90053 001 ***416.25

DOCUMENT # L07000025681 1. Entity Name DRV OUTPARCEL 1, LLC			
Principal Place of Business ONE NORTH CALEMATIS STREET STE 305 WEST PALM BEACH, FL 33401		Mailing Address ONE NORTH CALEMATIS STREET STE 305 WEST PALM BEACH, FL 33401	
2. Principal Place of Business - No P.O. Box # 4650 Donald Ross Rd Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens, FL Zip 33416		3. Mailing Address 4650 Donald Ross Rd Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens, FL Zip 33416	
4. FEI Number 26-1704618		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		02282008 Chg-LLC CR2E083 (12/08)	
6. Name and Address of Current Registered Agent HAMILTON, TOM ONE NORTH CALEMATIS STREET STE 305 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Andrew Brock Street Address (P.O. Box Number is Not Acceptable) 4650 Donald Ross Rd Suite 200 City Palm Beach Gardens, FL Zip Code 33418	
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 administering)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CDG(DRM) LLC ONE NORTH CALEMATIS STREET, STE 305 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILCAN PARTNERS, LTD 4661 FORUM PLACE, STE 400 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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