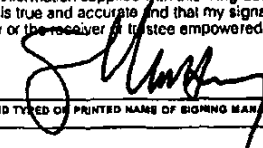


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 14, 2008 8:00 am
Secretary of State

05-05-2008 90040 036 ***138.75

DOCUMENT # L07000056797 1. Entity Name PALM PARKWAY DEVELOPMENT COMPANY, LLC					
Principal Place of Business 7301 SW 57TH COURT, STE. 440 SOUTH MIAMI, FL 33143			Mailing Address 7301 SW 57TH COURT, STE. 440 SOUTH MIAMI, FL 33143		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 26-0259599	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MATTAWAY, L. RICHARD 7301 SW 57TH COURT, STE. 440 SOUTH MIAMI, FL 33143				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RB PALM PARKWAY, LLC 7301 SW 57TH COURT, STE. 440 SOUTH MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM D GROUP ACQUISITION FOUR (FL), INC. 3195 PONCE DE LEON BLVD., STE. 400 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THE RICHARD-BRANDON COMPANY 7301 SW 57TH COURT, STE. 440 SOUTH MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ 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:  DATE: 4/25/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30010351



01152008 Chg-LLC CR2E083 (12/06)

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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