2008 LIMITED LIABILITY COMPANY

SIGNATURE:

ANNUAL REPORT

Jun 04, 2008 8:00 am Secretary of State 04-21-2008 90316 026 ***138.75 **DOCUMENT # L07000094034** CITY COMMONS, LLC Principal Place of Business Mailing Address 877 NE JENSEN BEACH BLVD 877 NE JENSEN BEACH BLVD 30008660 JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 26-085715 Not Applicable Country Ziρ Country Zio \$5.00 Additional 5. Cartificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRUNBAUM CHARLES Street Address (P.O. Box Number is Not Acceptable) 877 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957 City Zip Coda FL 5. 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 Square, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGR Ociete TITLE Change **EQUITY INVESTMENT CORPORATION** NAME NAME STREET ADDRESS 877 NE JENSEN BEACH BLVD STREET ADDRESS JENSEN BEACH, FL 34957 CITY-ST-ZIP CITY-ST-ZIP TITLE Oeleie DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Chance ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P IILE Delete TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-SI-ZIP Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P MILE ☐ Delete TITLE Change ☐ Addition MARK MASA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 fignature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the seceiver or trustee emporared to execute this report as required by Chapter 608, Florida Statutes.

FILED

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