

2001 UNIFORM BUSINESS REPORT (UBR)

0015786 AF

DOCUMENT # L99000002619

1. Entity Name
PARKLAND TOWN CENTER, L.L.C.

FILED

01 APR -2 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
340 ROYAL POINCIAN PLAZA. STE 3C 340 ROYAL POINCIAN PLAZA. STE 3C
PALM BEACH FL 33480 PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business 3. Mailing Address
340 Royal Poinciana Way 340 Royal Poinciana Way
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 3C Suite 3C

City & State City & State
PALM BEACH PALM BEACH
Zip Country Zip Country
33480 USA 33480 USA

4. FEI Number 65-0918851 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOZOKOFF, NEIL J
C/O PARKLAND CORPORATION
340 ROYAL POINCIANA WAY, STE 3C
PALM BEACH FL 33480

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State
3000003996433-0
-04/13/01-01028-005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZOKOFF, NEIL J		NAME		
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE 3C		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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: By: SC SIGNATURE REQUIRED Manager 3/29/01 561-802-3823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)