LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAM

Apr 05, 2004 8:00 am Secretary of State 03-19-2004 90269 035 ****50 00 DOCUMENT # M02000000886 THE GREENS AT HIDDEN CREEK, LLC Principal Place of Business Mailing Address 94008000215 CELEBRATION PLACE 803 BIRCHFIELD DR. MT. LAUREL, NJ 08054 STE 500 KISSIMMEE, FL 34747 01222004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 04-3628270 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WARONKER, DAVID A DO-NOT-WRITE 215 CELEBRATION PL., STE. 500 CELEBRATION, FL 34747 IN THIS SPACE 8. The above named entity submits th is statument 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 regit [NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS TITLE MGR CBD DEVELOPMENT, INC. NAME STREET ADDRESS 803 BIRCHFIELD DR. MT. LAUREL, NJ 08054 CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MASKE STREET ADDRESS 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 accupate 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. limited liability company or the receiv

SIGNING MANAGING MEMBER, ON AUTHORIZED REPRESENTATIVE

FILED

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