2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

OR PE

Secretary of State DOCUMENT # M04000003492 07-21-2005 90010 027 ****50.00 1. Entity Name FLORIDA GARDENS INVESTORS LLC Principal Place of Business Mailing Address **UUU100** 2801 ALASAN WAY SUITE 200 2801 ALASAN WAY SUITE 200 SEATTLE, WA 98121 SEATTLE, WA 98121 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number <u> 20-151935 3</u> Not Applicable Country Zip Country Zlo \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Clty Zip Code FL 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 algosture required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME GOODMAN, JOHN A NAME STREET ADDRESS 2801 ALASAN WAY SUITE 200 STREET ADDRESS CITY-ST-ZIP SEATTLE, WA 98121 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE ПΠЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE 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 profusion empowered to execute this report as required by Chapter 608, Florida Statutes.

E OF MINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jul 21, 2005 8:00 am

Daytime Phone #

Date