2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# N24807

Entity Name: THE JACARANDA PARK OF COMMERCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O GRUBB & ELLIS MANAGEMENT SERVICES
2385 NW EXECUTIVE CENTER DRIVE #150
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

C/O GRUBB & ELLIS MANAGEMENT SERVICES
2385 NW EXECUTIVE CENTER DRIVE #150
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0093180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRUBB & ELLIS MANAGEMENT SERVICES, INC
2385 NW EXECUTIVE CENTER DRIVE
SUITE 150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: LINNEMEIER, MARK C
Address: 3480 PRESTON RIDGE ROAD #575 - ISTAR
City-St-Zip: ALPHARETTA, GA 300005

Title: VICE ( ) Delete
Name: LYONS, JIM
Address: 1601 SW 80TH TERRACE - BROADSPIRE
City-St-Zip: PLANTATION, FL 33324

Title: SEC ( ) Delete
Name: TURRY, RACHEL
Address: 8200 PETERS RD - TEMPLE KOL AMI
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY FRONSTIN PM 02/22/2006
Electronic Signature of Signing Officer or Director — Date