

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90072 033 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N24807</b> 1. Entity Name <b>THE JACARANDA PARK OF COMMERCE ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O GRUBB &amp; ELLIS MANAGEMENT SERVICES          2385 NW EXECUTIVE CENTER DRIVE #150          BOCA RATON, FL 33431 US</b>		Mailing Address <b>C/O GRUBB &amp; ELLIS MANAGEMENT SERVICES          2385 NW EXECUTIVE CENTER DRIVE #150          BOCA RATON, FL 33431 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>2355 GLADES ROAD          SUITE 205 E</b>	
City & State <b>BOCA RATON, FL</b>		4. FEI Number <b>65-0093180</b>	
Zip <b>33431</b>		Country <b>FL</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GRUBB &amp; ELLIS MANAGEMENT SERVICES, INC          2385 NW EXECUTIVE CENTER DRIVE          SUITE 150          BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2355 GLADES ROAD          SUITE 205 E</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25          Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PRES</b> NAME <b>PARILLO, BOBBY</b> STREET ADDRESS <b>3480 PRESTON RIDGE ROAD #575 - ISTAR</b> CITY-ST-ZIP <b>ALPHARETTA, GA 30005</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VICE</b> NAME <b>LYONS, JIM</b> STREET ADDRESS <b>1601 SW 80TH TERRACE - BROADSPIRE</b> CITY-ST-ZIP <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S/T</b> NAME <b>INKLEBARGER, JAMES W</b> STREET ADDRESS <b>150 S. UNIVERSITY DRIVE</b> CITY-ST-ZIP <b>PLANTATION, FL 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/3/08</b> <small>Daytime Phone #</small>	

17.

66003795



01142008 Chg-NP CR2E037 (12/06)



ATTACHMENT

66003795

#N24807

March 5, 2008

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: The Jacaranda Park of Commerce Association, Inc. Reference # N24807

We are in receipt of the letter dated January 29, 2008 with regard to the annual report/uniform business report showing non signature of an officer or director.

We have corrected the form by having an officer sign the document and we are returning it to you. Please note that the report was due to be returned 30 days from the date of the letter, however enclosed you will find the original envelope showing that the letter was not mailed to us until 2/25/08 and received on 2/28/08.

The Board of Directors annual meeting was held on 3/4/08 and the following is the listing of the new directors:

President: Jim Lyons  
1601 SW 80<sup>th</sup> Terrace – Broadspire  
Plantation, FL 33324

Secretary: Howard Fleischer  
8200 Peters Road – Kol Ami Emanu-el  
Plantation, FL 33324

Treasurer James W. Inklebarger  
150 S. University Drive  
Plantation, FL 33324

Also, please find a letter to Ashton Court Press, Inc. that was sent to us in error with our letter of 1/29/08.

Thank you for your attention regarding this matter and if you should have any questions, please do not hesitate to contact me at 561-893-6206.

Sincerely,

Robin M. Veilleux, RPA, FMA  
Property Manager