

**2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M16000003701

**Entity Name:** TOWN PARK (ORLANDO), LLC

**Current Principal Place of Business:**

2851 JOHN STREET, SUITE ONE  
MARKHAM, ONTARIO L3R 5R7

**Current Mailing Address:**

2851 JOHN STREET, SUITE ONE  
MARKHAM, ONTARIO L3R 5R7 CA

**FEI Number:** 81-2680585

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US

*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

**Authorized Person(s) Detail :**

Title DIRECTOR  
Name CROSBY, MICHAEL  
Address 360 SOUTH ROSEMARY AVENUE,  
SUITE 400  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name GREEN, ROBERT S.  
Address 2851 JOHN STREET, SUITE ONE  
City-State-Zip: MARKHAM ONTARIO L3R 5R7

Title DIRECTOR  
Name PRESTON, JEFFREY W.  
Address 360 SOUTH ROSEMARY AVENUE,  
SUITE 400  
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER  
Name SCHEMBRI, TRACY  
Address 2851 JOHN STREET, SUITE ONE  
City-State-Zip: MARKHAM ONTARIO L3R 5R7

Title DIRECTOR  
Name GARNEAU, YANNICK  
Address 1250 BOUL. RENE-LEVESQUE WEST,  
SUITE 900  
City-State-Zip: MONTREAL H3B 4W8

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY W. PRESTON

**DIRECTOR BY SARAY  
DJIDJI, ATTORNEY IN  
FACT**

**06/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date