

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024531

FILED  
May 01, 2008  
Secretary of State

Entity Name: SM NEWCO LAKELAND, LLC

**Current Principal Place of Business:**

3300 ENTERPRISE PARKWAY  
C/O DEVELOPERS DIVERSIFIED REALTY CORP.  
BEACHWOOD, OH 44122

**New Principal Place of Business:**

**Current Mailing Address:**

3300 ENTERPRISE PARKWAY  
C/O DEVELOPERS DIVERSIFIED REALTY CORP.  
BEACHWOOD, OH 44122

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KLA/SM NEWCO GC, LLC,  
Address: 3300 ENTERPRISE PARKWAY  
City-St-Zip: BEACHWOOD, OH 44122

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DEVELOPERS DIVERSIFIED REALTY  
Address: 3300 ENTERPRISE PARKWAY  
City-St-Zip: BEACHWOOD, OH 44122

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CRAIG A SCHULTZ

VP

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date