

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012907

FILED
Feb 07, 2006
Secretary of State

Entity Name: RETAIL DEVELOPMENT PARTNERS, LLC

Current Principal Place of Business:

6812 S. FAUL STREET, SUITE 201
TAMPA, FL 33616

New Principal Place of Business:

Current Mailing Address:

6812 S. FAUL STREET, SUITE 201
TAMPA, FL 33616

New Mailing Address:

FEI Number: 91-2196670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARKOW, STANLEY A
6812 S. FAUL STREET, SUITE 201
TAMPA, FL 33616 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: ELLIOTT, ROBERT A
Address: 4209 WOODSTORKS WALK WAY #7
City-St-Zip: LUTZ, FL 33558

Title: MGRM () Delete
Name: CAMPBELL, BRADLEY
Address: 7688 EAST OVERLOOK DRIVE
City-St-Zip: SCOTTSDALE, AZ 85255

Title: MGRM () Delete
Name: TARKOW, STANLEY A TRUSTEE
Address: 6812 S. FAUL ST.
City-St-Zip: TAMPA, FL 33616

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELLIOTT, ROBERT A
Address: 704 BERROCALES DE AVILA
City-St-Zip: TAMPA, FL 33613

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 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: STANLEY A. TARKOW

MGRM

02/07/2006

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