


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90023 009 ***138.75

DOCUMENT # L04000064018

1. Entity Name
SOUTHGATE SHOPPING CENTER, LLC



Principal Place of Business Mailing Address
3740 BEACH BLVD. SUITE 300 **3740 BEACH BLVD. SUITE 300**
JACKSONVILLE, FL 32207 **JACKSONVILLE, FL 32207**

50005292



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1551 Atlantic Blvd. **P.O. Box 47050**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 300

04172008 Chg-LLC CR2E083 (12/06)

City & State City & State
Jacksonville, FL **Jacksonville, FL**

4. FEI Number Applied For
20-1555600 Not Applicable

Zip Country Zip Country
32207 **32247-7050** **32207** **FL** **32207**

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DEMETREE, J.C. JR.
3740 BEACH BLVD. SUITE 300
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent
 Name **Demetree, J. C. Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
1551 Atlantic Blvd., Suite 300
 City **Jacksonville** State **FL** Zip Code **32207**

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: *J.C. Demetree Jr.* DATE: **4/28/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEMETREE, JR, J C			NAME	Demetree, Jr, J. C.		
STREET ADDRESS	3740 BEACH BLVD, SUITE 300			STREET ADDRESS	1551 Atlantic Blvd, Suite 300		
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. 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 is true and accurate and that my 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: *J.C. Demetree Jr.* Date: **4/28/08** Daytime Phone #: **904 398 7350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE