

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051580

**FILED  
Apr 19, 2012  
Secretary of State**

**Entity Name:** RETAIL CENTERS 2 MEMBER LLC

**Current Principal Place of Business:**

505 S. FLAGLER DRIVE, SUITE 1100  
C/O PETER S. HOLTON  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

505 S. FLAGLER DRIVE, SUITE 1100  
C/O PETER S. HOLTON  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

JONES FOSTER SERVICE, LLC  
505 S. FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401    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: P  
Name: STILLER, DUANE J  
Address: 505 S. FLAGLER DRIVE, SUITE 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VST  
Name: TYRIVER, SORAYA  
Address: 505 S. FLAGLER DRIVE, SUITE 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V  
Name: MORELL, JORGE  
Address: 505 S. FLAGLER DRIVE, SUITE 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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: DUANE J. STILLER

P

04/19/2012

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