

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44815

FILED
Feb 24, 2009
Secretary of State

Entity Name: THE BLUFFS SHOPPING CENTER CORPORATION

Current Principal Place of Business:

1600 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1600 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

FEI Number: 65-0172554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P&D () Delete
Name: OLSON, JEFFREY S
Address: 1600 N.E. MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VP () Delete
Name: MCDONOUGH, TOM
Address: 9140 IRVINE CENTER DRIVE
City-St-Zip: IRVINE, CA 92618 US

Title: VP&S () Delete
Name: GALLAGHER, ARTHUR L
Address: 1600 N.E. MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VP&T () Delete
Name: ANDREWS, GREGORY
Address: 1600 N.E. MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VP () Delete
Name: CHOQUETTE, KEN
Address: 1600 N.E. MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: OLSON, JEFFREY S
Address: 1600 N.E. MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPSD (X) Change () Addition
Name: GALLAGHER, ARTHUR L
Address: 1600 N.E. MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: CAPUTO, THOMAS
Address: 650 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10019 US

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 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR L. GALLAGHER

VP&S

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date