## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # M02000003060**

1. Entity Name

SEMINOLE PROPERTIES RETAIL, LLC



FILED
Jul 29, 2004 08:00 AM
Secretāry of State

Principal Place of Business

601 EAST PRATT STREET, SUITE 600 BALTIMORE, MD 21202 Mailing Address

601 EAST PRATT STREET, SUITE 600 BALTIMORE, MD 21202



07192004 No Chg-LLC

\_CR2E083 (10/03)

4. FEI Number	Applied For	
13-4248835	 Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and tille if applicable	(NOTE, Registered Agent signature required when remaining)	DATE	
Fii Due i	ling Fee is \$50.00 by September 8, 2004			
9.	MANAGING MEMBERS/MANAGERS		- 14 Styr, 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATIVE AMERICAN DEVELOPMENT, LLC 601 E. PRATT STREET, 6TH FLOOR BALTIMORE, MD 21202		U00000 <u>16</u> 8674 07/29/04-80001-010 50.00	
TITLE NAME STREET ADDRESS CRY-ST-ZIP	MGRM COASTAL DEVELOPMENT, LLC 590 MADISON AVE., 3RD FLOOR NEW YORK, NY 10022			
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CRY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME				

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that thy signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

O TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/23/ox

410.752.5444

Daylime Phone #