


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90080 037 ***538.75

DOCUMENT # M02000003060

1. Entity Name
SEMINOLE PROPERTIES RETAIL, LLC




Principal Place of Business Mailing Address
601 EAST PRATT STREET, SUITE 600 **601 EAST PRATT STREET, SUITE 600**
BALTIMORE, MD 21202 **BALTIMORE, MD 21202**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6300 Stirling Road **6300 Stirling Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Att: Legal Department **Att: Legal Department**

City & State City & State
Hollywood, FL **Hollywood, FL**
 Zip Country Zip Country
33024 **USA** **33024** **USA**

60041064



05022008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
13-4248835 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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


FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NATIVE AMERICAN DEVELOPMENT, LLC <input checked="" type="checkbox"/> Delete 601 E. PRATT STREET, 6TH FLOOR BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM COASTAL DEVELOPMENT, LLC <input checked="" type="checkbox"/> Delete 590 MADISON AVE., 3RD FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Seminole Tribe of Florida 6300 Stirling Road Hollywood, FL 33024
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  05/02/2008 954-966-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #