

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005108

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** MCW-RC III VINEYARD SHOPPING CENTER, LLC

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 322025019 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 322025019 US

**New Mailing Address:**

**FEI Number:** 20-5572960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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:** MGRM  
**Name:** MACQUARIE COUNTRYWIDE-REGENCY III, LLC  
**Address:** ONE INDEPENDENT DRIVE, SUITE 114  
**City-St-Zip:** JACKSONVILLE, FL 322025019 US

**Title:** S VP  
**Name:** KINSELLA, MICHAEL R SR VP  
**Address:** 4041 PARK OAKS BLVD., SUITE 110  
**City-St-Zip:** TAMPA, FL 33610

**Title:** S VP  
**Name:** MILLER, KATHY D SR VP  
**Address:** ONE INDEPENDENT DRIVE, SUITE 114  
**City-St-Zip:** JACKSONVILLE, FL 322025019

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: KATHY D MILLER

S VP

04/20/2011

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