2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State 02-13-2006 90040 004 ***150.00

DOCUMENT # P05000064539 1. Entity Name GREAT HILLS RETAIL, INC.								02-13-2006	5 90040 004 ***15	50.00	
Principal Place of Business 1801 HERMITAGE BLVD, STE 600 TALLAHASSEE, FL 32308 Mailing Address 1801 HERMITAGE BLVD, TALLAHASSEE, FL 3230					600						
2. Principal P	lace of Busir	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052006	Chg-P	CR2E034 (11/05)		
City & State			City & State				4. FEI Numb 56-251	2 191	——————————————————————————————————————	pplied For at Applicable	
Zip			Zip Coun		try				Fee Require	Fee Required	
	6. Name	and Address of Current I	Registered Agent				7. Name and Address of New Registered Agent				
TODD, DA	VID E			,	Name C T Corporation System						
1801 HERI TALLAHAS					P.O. Box Number is Not Acceptable) South Pine Island Road						
				City Plan			tation		FL Zip Cgd	3324	
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										and accept	
the obligations of registered agent James M. Halpin											
SIGNATURE Assistant Secretary											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND I	DIRECTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	D		☐ Delete	TITLE	<u> </u>				Change	Addition	
NAME Street Address	BENNETT, DOUGLAS W 1801 HERMITAGE BLVD, STE 600					1801	Hormit:	ago Rlyd	Suite 100		
CITY-ST-ZIP					-ST-ZIP	1001	nermice	ige biva.,	Juice 100		
TITLE	D		☐ Delete	TITLE		DVAT			₹ Change	☐ Addition	
NAME	_	EFFREY L		NAM							
STREET ADDRESS CITY-ST-ZIP	TALLAHA	RMITAGE BLVD, STE 60 SSEE, FL 32308			ET ADDRESS -ST-ZIP			age Blvd.,	Suite 100		
title Name	D Delete TITL GRAY, LYNNE M					DVAS			🔀 Change	Addition	
STREET ADDRESS						1801	Hermita	age Blvd	Suite 100	:	
					-ST-ZIP			,			
TITLÉ			☐ Delete	fills		V			Change	₹ Addition	
NAME Street address				NAM:	E Et address		ins, Ma		4.000000		
CITY-ST-ZIP					-ST-ZIP		n. wacko ago, IL	er Dr., Su	11632900		
TITLE			☐ Delete	TITLE		VS	ugo, II	00000	☐ Change	Addition	
NAME				NAM		McCa	rthy, Tl	nomas D.			
STREET ADDRESS CITY-ST-ZIP					et adoress -st-zip			er Dr., Su	ite22500		
TITLE			Delete	TITLE		D P	ago, IL	60606	☐ Change	X Addition	
NAME			Delete	NAM		Togn	arelli,	Maury R.	Cinnings	Zaj Addițiții	
STREET ADDRESS City-St-Zip					ET ADDRESS - ST-ZIP	19Ī		er Dr., Sû	ite22500		
12. I hereby of	ertify that th	e information supplied with	this filing does not qualify to	or the exe	emptions of				further certify that the in	nformation or director	
12. 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 or suppliedmental leport is true and accurage and that my 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 tryste empowered to execute this required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNAT	URE:	1 00	-1/1/	ι			~/- Y	H llo	312-84	19-4160	