

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000112086

**Entity Name:** ST. CLOUD PLAZA REDEVELOPMENT, LLC**Current Principal Place of Business:**8377 E. HARTFORD DR.  
SCOTTSDALE, AZ 85255**Current Mailing Address:**8377 E. HARTFORD DR.  
SCOTTSDALE, AZ 85255 US**FEI Number:** 74-3195163**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Authorized Person(s) Detail :**

Title	MANAGER
Name	NUNN, FOR RAI RESTAURANTS, INC., CLARENCE
Address	8377 E. HARTFORD DR.
City-State-Zip:	SCOTTSDALE AZ 85255

Title	MEMBER
Name	CKB INVESTORS
Address	101 PARK PLACE BLVD. SUITE 3
City-State-Zip:	KISSIMMEE FL 34741

Title	MANAGER
Name	SCHOOLFIELD FOR CKB INVESTORS, KEVIN
Address	101 PARK PLACE BLVD. SUITE 3
City-State-Zip:	KISSIMMEE FL 34741

Title	MEMBER
Name	RAI RESTAURANTS, INC.
Address	8377 E. HARTFORD DR.
City-State-Zip:	SCOTTSDALE AZ 85255

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GINA CIUCCOLI**AUTHORIZED  
REPRESENTATIVE****07/28/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date