

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000095596

**Entity Name:** SF VALRICO GP LLC**Current Principal Place of Business:**400 CLEMATIS STREET  
SUITE 201  
WEST PALM BEACH, FL 33401**Current Mailing Address:**2851 JOHN STREET  
SUITE 1  
MARKHAM, ONTARIO L3R 5R7 CA**FEI Number:** 98-0674208**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
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	MGR
Name	PRESTON, JOHN W.S.
Address	400 CLEMATIS STREET SUITE 201
City-State-Zip:	WEST PALM BEACH FL 33401

Title	MGR
Name	GREEN, ROBERT S
Address	2851 JOHN STREET SUITE 1
City-State-Zip:	MARKHAM ONTARIO L3R 5R7

Title	MGR
Name	PRESTON, JEFFREY W
Address	400 CLEMATIS STREET SUITE 201
City-State-Zip:	WEST PALM BEACH FL 33401

Title	MGRM
Name	NADG US SUPERMARKET ANCHORED FUND (CAN) LP
Address	2851 JOHN STREET SUITE 1
City-State-Zip:	MARKHAM ONTARIO L3R 5R7

Title	MGRM
Name	NADG US SUPERMARKET ANCHORED FUND (US) LP
Address	160 GREENTREE DRIVE SUITE 101
City-State-Zip:	DOVER DE 19904

*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: ROBERT S GREEN****MANAGER****04/15/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date