

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003147

FILED
Apr 29, 2014
Secretary of State
CC4310016962

Entity Name: BRIXMOR SKYWAY PLAZA, LLC

Current Principal Place of Business:

420 LEXINGTON AVENUE
7TH FLOOR
NEW YORK, NY 10170

Current Mailing Address:

420 LEXINGTON AVENUE
7TH FLOOR
NEW YORK, NY 10170

FEI Number: 36-4514304

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MGRM	Title	CEO
Name	BRIXMOR RESIDUAL HOLDING LLC	Name	CARROLL, MICHAEL
Address	420 LEXINGTON AVENUE, 7TH FLOOR	Address	420 LEXINGTON AVENUE 7TH FLOOR
City-State-Zip:	NEW YORK NY 10170	City-State-Zip:	NEW YORK NY 10170
Title	CFO/PRESIDENT	Title	EVP/GC/SECRETARY
Name	PAPPAGALLO, MICHAEL V.	Name	SIEGEL, STEVEN
Address	420 LEXINGTON AVENUE 7TH FLOOR	Address	420 LEXINGTON AVENUE 7TH FLOOR
City-State-Zip:	NEW YORK NY 10170	City-State-Zip:	NEW YORK NY 10170
Title	EVP/CAO/TREASURER	Title	EVP
Name	SPLAIN, STEVEN	Name	BRUCE, TIMOTHY
Address	420 LEXINGTON AVENUE 7TH FLOOR	Address	420 LEXINGTON AVENUE 7TH FLOOR
City-State-Zip:	NEW YORK NY 10170	City-State-Zip:	NEW YORK NY 10170
Title	EVP/PRESIDENT-SOUTH REGION	Title	EVP
Name	WORLEY, MARK	Name	CARVER, CHARLIE
Address	420 LEXINGTON AVENUE 7TH FLOOR	Address	420 LEXINGTON AVENUE 7TH FLOOR
City-State-Zip:	NEW YORK NY 10170	City-State-Zip:	NEW YORK NY 10170

Continues on page 2

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: STEVEN SIEGEL

AUTHORIZED PERSON

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name JAMBOIS, ROBERT
Address 420 LEXINGTON AVENUE
7TH FLOOR
City-State-Zip: NEW YORK NY 10170

Title ASSISTANT SECRETARY
Name BISHOP, CHRISTOPHER
Address 420 LEXINGTON AVENUE
7TH FLOOR
City-State-Zip: NEW YORK NY 10170