

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000004007

**Entity Name:** BRIXMOR GA MORSE SHORES, 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 US

**FEI Number:** 20-3158870

**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 GA APOLLO 3 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

**SECRETARY**

**04/30/2014**

\_\_\_\_\_  
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 ASST. SECRETARY  
Name BISHOP, CHRISTOPHER  
Address 420 LEXINGTON AVENUE, 7TH FLOOR  
City-State-Zip: NEW YORK NY 10170