

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B06000000086

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** SFP POOL TWO SHOPPING CENTERS L.P.

**Current Principal Place of Business:**

CORPORATION TRUST CENTER  
1209 ORANGE STREET  
WILMINGTON, DE 19801

**New Principal Place of Business:**

**Current Mailing Address:**

17800 LAUREL PARK DRIVE NORTH  
SUITE 200C  
LIVONIA, MI 48152

**New Mailing Address:**

**FEI Number:** 20-4320761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SFP POOL TWO GENERAL PARTNER LLC

Address: CORPORATION TRUST CENTER, 1209 ORANGE ST.

City-St-Zip: WILMINGTON, DE 19801

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: DAVID W. SCHOSTAK

PTR

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date