

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000001146

1. Entity Name
FLEMING ISLAND SHOPPES MANAGEMENT, INC.



Principal Place of Business
117 EAST WASHINGTON STREET
INDIANPOLIS, IN 46204

Mailing Address
117 EAST WASHINGTON STREET
INDIANPOLIS, IN 46204

2. Principal Place of Business - No P.O. Box #
117 EAST WASHINGTON STREET

3. Mailing Address
117 EAST WASHINGTON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
INDIANAPOLIS, INDIANA

City & State
INDIANAPOLIS, INDIANA

Zip
46204-3614

Country
46204-3614

Country

03082008 Chg-P CR2E034 (12/06)

4. FEI Number 43-2096397	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST BROADBENT, GEORGE P 201 N ILLINOIS ST 23RD FL INDIANPOLIS, IN 46204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	117 EAST WASHINGTON STREET INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jayce A. Bradley / Jayce A. Bradley* **Date:** *3/12/08* **Daytime Phone #:** *(317) 237-12900*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Avst. Sec.**