

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H71409

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** SHOPPING CENTER DEVELOPERS OF FLORIDA, INC.

**Current Principal Place of Business:**

1 SLEIMAN PARKWAY  
SUITE 270  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

1 SLEIMAN PARKWAY  
SUITE 270  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-2603317

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, ROBERT K  
1 SLEIMAN PARKWAY  
SUITE 270  
JACKSONVILLE, FL 32216 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SLEIMAN, ANTHONY T.  
Address: 1 SLEIMAN PARKWAY SUITE 270  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVST  
Name: SLEIMAN, ELI T., JR.  
Address: 1 SLEIMAN PARKWAY SUITE 270  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVAS  
Name: SLEIMAN, JOSEPH E  
Address: 1 SLEIMAN PKWY STE 270  
City-St-Zip: JACKSONVILLE, FL 32216

Title: COO  
Name: WHITE, ROBERT K  
Address: 1 SLEIMAN PARKWAY, SUITE 270  
City-St-Zip: JACKSONVILLE, FL 32216 US

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT K. WHITE

COO

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date