


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90900 045 \*\*\*\*\*50.00

<b>DOCUMENT # L00000001266 #5808-4</b>	
1. Entity Name <b>NORTH RIVER MALL #1, L.L.C.</b>	

Principal Place of Business <b>415 L'AMBIANCE DR. LONGBOAT KEY, FL 34228</b>	Mailing Address <b>2559 BRANDT SCHOOL RD. WEXFORD, PA 15090</b>
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2. Principal Place of Business <b>1133 Fourth Street</b> Suite, Apt. #, etc. <b>Suite 302</b>	3. Mailing Address <b>1133 Fourth Street</b> Suite, Apt. #, etc. <b>Suite 302</b>
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City & State <b>Sarasota, FL</b>	City & State <b>Sarasota, FL</b>
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Zip <b>34236</b>	Country	Zip <b>34236</b>	Country
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☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>LIBBY, HAROLD L 415 L'AMBIANCE DR. LONGBOAT KEY, FL 34228</b>	
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4. FEI Number <b>65-0977740</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name <b>Doerr, Kenneth D. Doerr</b>	
Street Address (P.O. Box Number Is Not Acceptable) <b>240 South Pineapple Avenue, 10th Floor</b>	
City <b>Sarasota</b>	FL Zip Code <b>34236</b>

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 *Kenneth D. Doerr* (NOTE: Registered Agent's signature required when registering) 04/09/03 DATE

<p><b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2003</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIBBY, HAROLD L 415 L'AMBIANCE DR LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Libby, Harold L. 1133 Fourth Street, Suite 302 Sarasota, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Kenneth D. Doerr* Kenneth D. Doerr, Auth. Rep. 04/09/03 941-366-6660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Cayman Phone #

CR2E083 (10/02)