

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0019560

DOCUMENT # L00000006378

1. Entity Name

EDISON SQUARE SHOPPING CENTER LIMITED COMPANY

04-03-2002 90019 025 *****50.00

Principal Place of Business

**2340 PERIWINKLE WAY, SUITE I-2
SANIBEL ISLAND FL 33957**

Mailing Address

**2340 PERIWINKLE WAY, SUITE I-2
SANIBEL ISLAND FL 33957**

2. Principal Place of Business

730 Birdie View Point
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 566
Suite, Apt. #, etc.

City & State
Sanibel, FL

City & State
Sanibel, FL

4. FEI Number **65-1024076**

Applied For
Not Applicable

Zip **33957**
Country **USA**

Zip **33957**
Country **USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RATLIFF, ROBERT L III
2340 PERIWINKLE WAY, SUITE I-2
SANIBEL ISLAND FL 33957**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
730 Birdie View Point

City **Sanibel**

FL

Zip Code
33957

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **RATLIFF, ROBERT L III**
STREET ADDRESS **2340 PERIWINKLE WAY, SUITE I-2**
CITY-ST-ZIP **SANIBEL ISLAND FL 33957**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Ratliff, Robert L. III**
STREET ADDRESS **730 Birdie View Point**
CITY-ST-ZIP **Sanibel, FL 33957**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

Robert Lee Ratliff III

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

239-395-1111

Daytime Phone #

CR2E083 (9/01)