

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006378

1. Entity Name

EDISON SQUARE SHOPPING CENTER LIMITED
COMPANY



Principal Place of Business

730 BIRDIE VIEW POINT
SANIBEL ISLAND, FL 33957

Mailing Address

P O BOX 566
SANIBEL ISLAND, FL 33957



02202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1024076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATLIFF, ROBERT L III
730 BIRDIE VIEW POINT
SANIBEL ISLAND, FL 33957

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000074101
03/03/04-80004-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RATLIFF, ROBERT L III
STREET ADDRESS	730 BIRDIE VIEW POINT
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957

TITLE	
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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

2/27/04 239-395-1111