

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011457

FILED
Apr 23, 2004
Secretary of State

Entity Name: MONROEVILLE MALL EXPANSION, LLC

Current Principal Place of Business:

19501 BISCAYNE BLVD.
SUITE 400
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19501 BISCAYNE BLVD.
SUITE 400
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 52-2329619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMINE, MARIO
19501 BISCAYNE BLVD.
SUITE 400
AVENTURA, FL 33180

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SOFFER, DONALD M
Address: 19501 BISCAYNE BOULEVARD, SUITE 400
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: SOFFER, JEFFREY
Address: 19501 BISCAYNE BOULEVARD, SUITE 400
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: SOFFER, JACQUELYN
Address: 19501 BISCAYNE BOULEVARD, SUITE 400
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DONALD SOFFER

MGRM

04/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date