

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020131

1. Entity Name
NORTH RIVER MALL #2, L.L.C.



FILED
08 MAY 16 PM 12:45

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

950 S. TAMiami TRAIL
STE. 204
SARASOTA, FL 34236

Mailing Address

950 S. TAMiami TRAIL
STE. 204
SARASOTA, FL 34236



05142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1154352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 *James M. Newsome*
Signature, typed or printed name of registered agent and title if applicable.

JAMES M. NEWSOME

Special Assistant Secretary

5/15/08
DATE

(NOTE: Registered Agent Signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LIBBY, HAROLD L
950 S. TAMiami TRAIL, STE. 204
SARASOTA, FL 34236

TITLE
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500130170045
05/23/08--01010--012 **138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *James M. Newsome*

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

Date

Daytime Phone #

05-14-08

724-985-3433