

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90074 020 ****50.00

DOCUMENT # L02000014436

1. Entity Name

SHOPPES AT PLEASANT HILL, L.C.



Principal Place of Business

Mailing Address

1416 TUSCA TRAIL

1416 TUSCA TRAIL

WINTER SPRINGS FL 32708

WINTER SPRINGS FL 32708

**101 PARK PLACE BLVD, SUITE ONE
KISSIMMEE, FL 34741**

2. Principal Place of Business

3. Mailing Address

101 PARK PLACE BLVD.

Same

(Suite) Apt. #, etc.

Suite, Apt. #, etc.

ONE

City & State

City & State

KISSIMMEE FL

Zip

Country

Zip

Country

34741

USA

4. FEI Number

56-2294623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAMS, MAURICE

**111 N. ORANGE AVENUE, SUITE 1200
ORLANDO FL 32801**

Name

John C. Reich

Street Address (P.O. Box Number is Not Acceptable)

101 PARK PLACE BLVD.

SUITE ONE

City

KISSIMMEE

FL

Zip Code

34741

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

John C. Reich
Signature, typed or printed name of registered agent and title if applicable.

John C. Reich, MGRM

(NOTE: Registered Agent signature required when reinstating)

4.23.03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **REICH, SHYLA G**
STREET ADDRESS **1416 TUSCA TRAIL**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **JOHN C. REICH**
STREET ADDRESS **101 PARK PLACE BLVD. SUITE ONE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **MGRM** ☐ Delete
NAME **REICH, STEPHEN G**
STREET ADDRESS **1416 TUSCA TRAIL**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

Shayla Reich
REQUIRED

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

4.23.03

Date

**407
847-4888**

Daytime Phone #

CR2E083 (10/02)