


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000006288 1. Entity Name APOPKA REGIONAL SHOPPING CENTER, LLC	
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Principal Place of Business 100 RING ROAD WEST GARDEN CITY, NY 11530	Mailing Address 100 RING ROAD WEST GARDEN CITY, NY 11530
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DO NOT WRITE IN THIS SPACE



07012005 No Chg-LLC

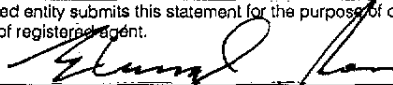
CR2E083 (10/03)

4. FEI Number 51-0446518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RAY, PETER R 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408
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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

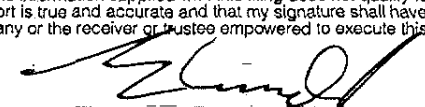
**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSS, EDWARD 100 RING ROAD WEST GARDEN CITY, NY 11530
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSS, SCOTT 1825 MAIN STREET WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 #