


**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



Principal Place of Business      Mailing Address

100 RING ROAD WEST      100 RING ROAD WEST  
 GARDEN CITY, NY 11530      GARDEN CITY, NY 11530

**DO NOT WRITE IN THIS SPACE**



07012005 No Chg-LLC      CR2E083 (10/03)

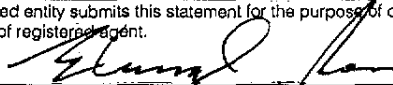
4. FEI Number 51-0446518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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  \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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

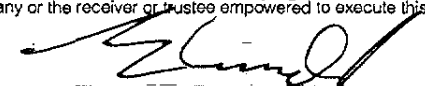
9. MANAGING MEMBERS/MANAGERS

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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 07/14/05-80008-008 55.00

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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 #