2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010341

MIAMI, FL 33126

City-St-Zip:

Entity Name: FLORIDA SHOPPING CENTER GROUP, LLC

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5201 BLUE LAGOON DRIVE SUITE 550 MIAMI, FL 33126 **New Mailing Address: Current Mailing Address:** 300 GALLERIA PKWY 12TH FLOOR ATLANTA, GA 30339 US FEI Number: 86-1055155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILGRAM, MARC 5201 BLUÉ LAGOON DRIVE SUITE 550 MIAMI, FL 33126 US 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/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete MILGRAM, MARC Name: Name: 5201 BLUE LAGOON DRIVE, SUITE 550 Address: Address: City-St-Zip: MIAMI, FL 33126 US City-St-Zip: Title: MGR Title: () Delete () Change () Addition BIMBREY, DAVID F Name: Name: Address: 300 GALLERIA PKWY Address: City-St-Zip: ATLANTA, GA 30339 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition FREEMAN, ALAN FREEMAN, ALAN Name: Name: 0 RADCLIFFE STREET, STE B Address: 171 CHURCH ST STE 300 Address: City-St-Zip: CHARLESTON, SC 29401 City-St-Zip: CHARLESTON, SC 29403 Title: MGR () Delete Title: () Change () Addition Name: VAUGHAN, WILLIAM O JR Name: Address: 1102 17TH AVE S STE 400 Address: City-St-Zip: NASHVILLE, TN 37212 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PHARO, GARY Name: Name: 2204 LAKESHORE DR STE 450 Address: Address: City-St-Zip: BIRMINGHAM, AL 35209 City-St-Zip: Title: () Delete Title: () Change () Addition MILGRAM, MARC Name: Name: Address: 5201 BLUE LAGOON DR STE 550 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: DAVID BIRNBREY MGR 04/13/2009