## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90099 026 \*\*\*\*50.00

| DOCUMENT # L03000018462  1. Entity Name BEE RIDGE PLAZA, LLC |                  |  |   |                |  |               | _  | 03-02-200         | JJ 90099 (                         | 120 30                      | 0.00                        |
|--|------------------|--|---|----------------|--|---------------|--|-------------------|------------------------------------|-----------------------------|-----------------------------|
| Principal Plac<br>1830 ROUTE<br>BURLINGTON                   | 130 NORT         | Н  | Mailing Address 1830 ROUTE 130 NORTH BURLINGTON, NJ 08016 |                |  |               | <b>.</b> ,   | ,w                |                                    |                             |                             |
| 2. Principal Place of Business                               |                  |  | 3. Mailing Address  |                |  |               |  |                   |                                    |                             |                             |
| Suite, Apt. #, etc.  |                  |  | Suite, Apt. #, etc / TAX                                  |                |  | T.            | 04132005 Chg-LLC CR2E083 (10/03)   |                   |                                    |                             |                             |
| City & State   |                  |  | City & State  |                | · - ·  |               | 4. FEI Numb  |                   |                                    | 1                           | oplied For<br>ot Applicable |
| Žip  |                  | Country  | Zip   | Zip Country    |  |               | 5. Certificate of Status Desired Sta |                   |                                    |                             |                             |
|  | 6. Name          | and Address of Current F   | Registered Agent  |                |  |               | 7. Name and  | Address of Ne     | w Registered                       | Agent                       |                             |
| 05415.14   | 4.55             |  |   |                | Name   |               |  |                   |                                    |                             |                             |
| SEALE, W<br>C/O BURL<br>25813 RO                             | INGTON           | COAT FACTORY   |   | Street A       | Street Address (P.O. Box Number is Not Acceptable) |               |  |                   |                                    |                             |                             |
| CLEARWA  |                  |  |   |                | 0.5  |               | _  |                   |                                    | 7.0                         |                             |
|  |                  |  |   |                | City   |               |  |                   | FI                                 | L Zip Code                  | ə                           |
| SIGNATURE .  | Signature, typed | or printed name of registered agent are  | nd title if applicable. (NO                               | ITE: Registere | d Agent signa                                      | ture required | when reinstating)  |                   | DATE<br>Make check<br>rida Departr | payable to<br>nent of State | e                           |
| 9.   |                  | MANAGING MEMBER  | DO (MANIA CERO  | 10             |  |               |  | ADDITIO           | NO ZOLIANIOE                       |                             |                             |
| TITLE  | MGR              | MANAGING MEMBER  |   | 10.            |  | γ             |  | ADDITIO           | NS/CHANGE                          |                             |                             |
| NAME   |                  | USITION CORPORATIO   | ☐ Delete  | TITL           |  |               |  |                   |                                    | Change                      | Addition                    |
| STREET ADDRESS   | 1830 ROL         |  |   |                | ET ADDRESS   |               |  |                   |                                    |                             |                             |
| CITY-ST-ZIP  | BURLING          | TON, NJ 080163020  |   |                | -ST-ZIP  |               |  |                   |                                    |                             |                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                        |                  |  | ☐ Delete  |                |  | 183           | IROE G. I<br>D ROUTE<br>IRLINGTON  | 130 N.            | v 8016                             | ☐ Change                    | Addition                    |
| TITLE  |                  |  | ☐ Delete  | TΠL            |  | MGA           |  | -, NJ             | 70-3                               | Change                      | <b>⊠</b> Addition           |
| NAME   |                  |  | L Delete  | NAM            |  | PAUL          | •  | and-              |                                    | ☐ Alkeride                  | PA VOCUOU                   |
| STREET ADDRESS   |                  |  |   |                | ET ADDRESS   | 100           | a Darter   | 120 1/            |                                    |                             |                             |
| CITY-ST-ZIP  |                  |  |   | CITY           | -ST-ZIP  | BU            | PLINGTON   | i, NJ             | 08016                              |                             |                             |
| TITLE  |                  |  | ☐ Delete  | TITL           | E  | MGA           | <br>?  | · NJ              |                                    | ☐ Change                    | Addition                    |
| NAME   |                  |  |   | NAM            | E  | ROBE          | AT L.  | LA PENTA          |                                    |                             |                             |
| STREET ADDRESS   |                  |  |   |                | ET ADDRESS   | 1834          | O ROTE ,   | 130 N.            |                                    |                             |                             |
| CITY-ST-ZIP  |                  |  |   | CfTY           | -\$T-ZIP   | Bu            | KLINGTON   | NJ                | 08016                              |                             |                             |
| TITLE  |                  |  | ☐ Delete  | TITLE          | <b>=</b>   | MGR           |  | •                 |                                    | Change                      | Addition                    |
| NAME<br>STREET LODDESS                                       |                  |  |   | NAM            |  | AND           | REW R.   | MILSTELL          | ı                                  |                             |                             |
| STREET ADDRESS   |                  |  |   |                | ET ADDRESS   | 183           | O ROVIE<br>VALINGTON   | 130 N.            | 18016                              |                             |                             |
| CITY-ST-ZIP  |                  |  |   |                | -\$T-ZIP   | <del></del>   | MUNGTON  | · NJ (            | 70-16                              |                             |                             |
| TITLE  |                  |  | Delete  | TITL           |  | MGR           | Place 5  | MII Carri         |                                    | ☐ Change                    | Addition                    |
| NAME<br>Street Address                                       |                  |  |   | NAM            | E<br>Et address                                    | 116           | THEN E   | MILSTEIN          |                                    |                             |                             |
| CITY-ST-ZIP  |                  |  |   |                | -ST-ZIP  | 18            | DO MUNE<br>VILANDATA   | 130 N.            | 08016                              |                             |                             |
|  | Cortification +  | information expelled with a  | his filing door not aveilt to                             |                |  |               |  |                   |                                    | ا معاد معاد و الماد         | ala em ati                  |
| indicated  | on this repor    | e information supplied with t<br>t is true and accurate and t<br>ny or the receiver or trustee | hat my signature shall have                               | the same       | e legal effe                                       | ect as if ma  | ade under oath   | n; that I am a ma | es, Fruither Ce<br>inaging memb    | er or manage                | r of the                    |

SIGNATURE:

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

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4-10-2005