


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

|  |         |  |         |   |
|--|---------|--|---------|---|
| <b>DOCUMENT # L03000034440</b><br>1. Entity Name<br><b>SHOPPES OF OVIEDO, L.L.C.</b>     |         |  |         |  |
| Principal Place of Business<br>6700 CONROY-WINDERMERE ROAD, SUITE 23<br>ORLANDO FL 32835 |         | Mailing Address<br>6700 CONROY-WINDERMERE ROAD, SUITE 23<br>ORLANDO FL 32835 |         |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                    |         | 3. Mailing Address<br>Suite, Apt #, etc.                                     |         |   |
| City & State   |         | City & State   |         |   |
| Zip  | Country | Zip  | Country |   |



1st MOORE CR2E083 (10/04)

|   |  |  |  |
|---|--|--|--|
| 4. FEI Number<br><b>20-0815686</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$5.00</b> Additional Fee Required                  |  |

|   |  |  |  |   |  |  |  |           |          |  |
|---|--|--|--|---|--|--|--|-----------|----------|--|
| <b>6. Name and Address of Current Registered Agent</b>  |  |  |  | <b>7. Name and Address of New Registered Agent</b>  |  |  |  |           |          |  |
| <b>OSWALD, KENNETH F</b><br><b>600 COURTLAND STREET, SUITE 110</b><br><b>ORLANDO FL 32804</b> |  |  |  | Name  |  |  |  |           |          |  |
|   |  |  |  | Street Address (P. O. Box Number is Not Acceptable) |  |  |  |           |          |  |
|   |  |  |  | City  |  |  |  | <b>FL</b> | Zip Code |  |

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)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                       |   |                                 |  | 10. ADDITIONS/CHANGES                              |  |   |  |
|--|---|---------------------------------|--|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>RETAIL INVESTMENT SPECIALISTS, LLC<br>6700 CONROY-WINDERMERE ROAD, SUITE 230<br>ORLANDO FL 32835 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | U00000255433<br>03/08/05-80014-010 50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Allyson C. Carron* 3-3-05 407-291-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #