

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90107 045 ****50.00

DOCUMENT # L04000015045 1. Entity Name ROEBUCK SHOPPING CENTER, LLC					
Principal Place of Business 2908 BAY TO BAY BLVD., STE. 200 TAMPA, FL 33629			Mailing Address 2908 BAY TO BAY BLVD., STE. 200 TAMPA, FL 33629		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01172005 Chg-LLC CR2E083 (10/03)			4. FEI Number 20-0963244		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., STE. 309 TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Arcis Investments, Inc. Street Address (P.O. Box Number is Not Acceptable) 2908 Bay to Bay Blvd., Ste 200 City Tampa State FL Zip Code 33629		
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 <u><i>[Signature]</i></u> Bruce D. Burdge <u><i>2/6/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCIS INVESTMENTS, INC. 2908 BAY TO BAY BLVD., STE. 200 TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURDGE, BRUCE 2908 BAY TO BAY BLVD., STE. 200 TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHOWALTER, KRISTEN K 2908 BAY TO BAY BLVD., STE. 200 TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
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: <u><i>[Signature]</i></u> Bruce D. Burdge <u><i>2/6/05</i></u> 8138052110 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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