2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# L04000018980

Entity Name: GROVELAND SHOPPES, LLC

Current Principal Place of Business:

7932 W SAND LAKE RD STE 300
ORLANDO, FL 32819

New Principal Place of Business:

5555 S. KIRKMAN RD.
SUITE 201
ORLANDO, FL 32819

Current Mailing Address:

7932 W SAND LAKE RD STE 300
ORLANDO, FL 32819

New Mailing Address:

5555 S. KIRKMAN RD.
SUITE 201
ORLANDO, FL 32819

FEI Number: 41-2130410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HODGE, RANDALL R
7932 W SAND LAKE RD STE 300
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

HODGE, RANDALL R
5555 S. KIRKMAN RD. SUITE 201
ORLANDO, FL 32819 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: _____ 03/16/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KHATIB, RASHID
Address: 7932 W SAND LAKE RD STE 300
City-St-Zip: ORLANDO, FL 32819

Title: MGR ( ) Delete
Name: BOYD, SCOTT T
Address: 7586 W SAND LAKE RD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KHATIB, RASHID
Address: 5555 S. KIRKMAN RD. SUITE 201
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RANDALL HODGE VP 03/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date