

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030026

Entity Name: FLORIDA RETAIL DEVELOPMENT, LLC

FILED
Feb 09, 2006
Secretary of State

Current Principal Place of Business:

151 TRISMEN TERRACE
WINTER PARK, FL 32789

New Principal Place of Business:

2200 LUCIEN WAY
SUITE 150
MAITLAND, FL 32751

Current Mailing Address:

151 TRISMEN TERRACE
WINTER PARK, FL 32789

New Mailing Address:

2200 LUCIEN WAY
SUITE 150
MAITLAND, FL 32751

FEI Number: 77-0632901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RALSTON, GARY M
151 TRISMEN TERRACE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: RALSTON, GARY M
Address: 151 TRISMEN TER
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: DREW, VICTOR E
Address: 1347 CHATFIELD PL
City-St-Zip: ORLANDO, FL 32814

Title: MGR () Delete
Name: GENGLER, LAUREN R
Address: 414 EL CAMINO REAL S
City-St-Zip: LAKE LAND, FL 33813

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY RALSTON

MGRM

02/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date