FILED
May 16, 2007 8:00 am
Secretary of State
04-11-2007 90158 014 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000058192

1. Entity Name
ADDISON SHOPPING CENTER, L.L.C.

Principal Place of Business	Mailing Address
12800 UNIVERSITY DRIVE SUITE 275 FORT MYERS, FL 33907	12800 UNIVERSITY DRIVE SUITE 275 FORT MYERS, FL 33907

2. Principal Place of Business
Suite, Apt. #, etc.
3333 NEW HYDE PARK RD SUITE 100
City & State
NEW HYDE PARK, NY 11042-0020
Zip Country

02132007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-1650773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PREISS, MICHELLE A 12800 UNIVERSITY DRIVE, SUITE 275 FORT MYERS, FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGR~~ ~~BUIGAS, OJ~~ ~~12800 UNIVERSITY DRIVE, SUITE 275~~ ~~FORT MYERS, FL 33907~~ ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addison Shopping Center Manager LLC it's managing member 3333 NEW HYDE PARK RD SUITE 100 NEW HYDE PARK, NY 11042-0020 Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 4/4/07 516 869 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

~~By: Addison Shopping Center Manager LLC, its managing member~~
By: Addison Shopping Center HoldCo LLC
By: KUBS Income Fund II Business Trust