

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90074 001 \*\*\*350.00

**30007314**



04042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1555600</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DOCUMENT # L04000064018**  
1. Entity Name  
**SOUTHGATE SHOPPING CENTER, LLC**



Principal Place of Business  
**3740 BEACH BLVD, SUITE 300  
JACKSONVILLE, FL 32207**

Mailing Address  
**3740 BEACH BLVD, SUITE 300  
JACKSONVILLE, FL 32207**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DEMETREE, J.C. JR.  
3740 BEACH BLVD, SUITE 300  
JACKSONVILLE, FL 32207**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM DEMETREE, JR, J C 3740 BEACH BLVD, SUITE 300 JACKSONVILLE, FL 32207</b>
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**DO NOT WRITE IN THIS SPACE**

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:** *J.C. Demetree Jr.* **4/24/07** **(904) 398-7350**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #