


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90040 046 \*\*\*\*50.00

<b>DOCUMENT # L04000087104</b>	
1. Entity Name <b>BRIARWOOD SHOPPING CENTER, LLC</b>	

Principal Place of Business <b>3838 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103 US</b>	Mailing Address <b>3838 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103 US</b>
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**20057032**



2. Principal Place of Business <b>12810 Tamiami Trail North</b> Suite, Apt. #, etc.	3. Mailing Address <b>12810 Tamiami Trail North</b> Suite, Apt. #, etc.
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04202005 Chg-LLC CR2E083 (10/03)

City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>	4. FEI Number <b>20-1993628</b>	Applied For Not Applicable
Zip <b>34110</b>	Country <b>USA</b>	Zip <b>34110</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GOODMAN BREEN &amp; GIBBS 3838 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name <b>Stephen V. Robison</b> Street Address (P.O. Box Number is Not Acceptable) <b>12810 Tamiami Trail North</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34110</b>	
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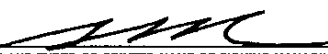
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Stephen V. Robison** 3-10-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>MGRM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GOODMAN, KENNETH D</b>		NAME <b>GM Realty Holding Company, LLC</b>	
STREET ADDRESS <b>3838 TAMiami TRAIL NORTH, #300</b>		STREET ADDRESS <b>12810 Tamiami Trail North</b>	
CITY-ST-ZIP <b>NAPLES, FL 34103</b>		CITY-ST-ZIP <b>Naples, FL 34110</b>	
TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>O'LEARY, KENNETH</b>		NAME	
STREET ADDRESS <b>3350 WOODS EDGE CIRCLE #103G</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BONITA SPRINGS, FL 34134</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Stephen V. Robison** 3-10-05 239-593-3777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #