

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087104

**FILED**  
**Jan 24, 2006**  
**Secretary of State**

**Entity Name:** BRIARWOOD SHOPPING CENTER, LLC

**Current Principal Place of Business:**

12810 TAMIAMI TRL NORTH  
NAPLES, FL 34110 US

**New Principal Place of Business:**

12810 TAMIAMI TRAIL NORTH  
NAPLES, FL 34110 US

**Current Mailing Address:**

12810 TAMIAMI TRL NORTH  
NAPLES, FL 34110 US

**New Mailing Address:**

12810 TAMIAMI TRAIL NORTH  
NAPLES, FL 34110 US

FEI Number: 20-1993628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBISON, STEPHEN V  
12810 TAMIAMI TRL NORTH  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

ROBISON, STEPHEN V  
12810 TAMIAMI TRAIL NORTH  
NAPLES, FL 34110 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:

01/24/2006

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GM REALTY HOLDING CO, MPANY, LLC  
Address: 12810 TAMIAMI TR. N.  
City-St-Zip: NAPLES, FL 34110 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STEPHEN V. ROBISON,  
Address: 12810 TAMIAMI TRAIL NORTH  
City-St-Zip: NAPLES, FL 34110 US

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: STEPHEN V. ROBISON

MGR

01/24/2006

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