

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000573

FILED  
Jul 12, 2006  
Secretary of State

Entity Name: RETAIL STORES OF FLORIDA, LLC

## Current Principal Place of Business:

7606 WEST SAND LAKE ROAD  
ORLANDO, FL 32819 US

## New Principal Place of Business:

7065 WESTPOINTE BLVD.  
SUITE 303  
ORLANDO, FL 32835 US

## Current Mailing Address:

7606 WEST SAND LAKE ROAD  
ORLANDO, FL 32819 US

## New Mailing Address:

7065 WESTPOINTE BLVD  
SUITE 303  
ORLANDO, FL 32835 US

FEI Number: 20-2085705      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

WORKMAN, MICHAEL E  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 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: MORRIS, THOMAS E  
Address: 7606 WEST SAND LAKE ROAD  
City-St-Zip: ORLANDO, FL 32819 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MORRIS, THOMAS E  
Address: 7065 WESTPOINTE BLVD, SUITE 303  
City-St-Zip: ORLANDO, FL 32835 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: THOMAS E. MORRIS

MGRM

07/12/2006

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