

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010230

FILED  
Apr 19, 2007  
Secretary of State

**Entity Name:** THE SHOPPES OF TUSKAWILLA, L.L.C.

**Current Principal Place of Business:**

1969 SOUTH ALAFAYA TRAIL, #338  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

1969 SOUTH ALAFAYA TRAIL, #338  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 20-2386217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CATHCART, CHRISTOPHER C  
210 NORTH WYMORE ROAD  
WINTER PARK, FL 32789 US

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

CATHCART, CHRISTOPHER C  
2699 LEE ROAD  
SUITE 101  
WINTER PARK, FL 32789 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: CHRISTOPHER C. CATHCART

04/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SILVERMAN, FRANK  
Address: 9270 COVENET GARDENS DRIVE  
City-St-Zip: ORLANDO, FL 32827

Title: MGRM ( ) Delete  
Name: VONSCHMILING, SERGIO  
Address: 1680 OAKHURST AVENUE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRANK SILVERMAN

MGRM

04/19/2007

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