


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90132 040 ***138.75

DOCUMENT # L05000018735	
1. Entity Name SOUTHCENTER PROPERTIES, LLC	

Principal Place of Business 6220 S OBT 194 ORLANDO, FL 32809	Mailing Address 6220 S OBT 194 ORLANDO, FL 32809
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2. Principal Place of Business - No P.O. Box # 2101 Orinoco Drive	3. Mailing Address 2101 Orinoco Dr.
Suite, Apt. #, etc. Bldg 1 Suite 1	Suite, Apt. #, etc. Bldg 1 Suite 1
City & State Orlando, FL	City & State Orlando, FL
Zip 32837	Country Orange

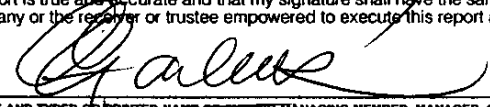
	
02132008 Chg-LLC	CR2E083 (12/06)
4. FEI Number 20-4647571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
TATICH, PHILIP 341 NORTH MAITLAND AVENUE STE 340 MAITLAND, FL 32751	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARBAN, OMAR A 6220 S OBT STE 194 ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 Orinoco Dr. Bldg 1 Suite 1 Orlando, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGADO, MANUEL 6220 S ORANGE BLOSSOM TR ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2101 Orinoco Dr. Bldg 1 Ste 1 Orlando, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	2-13-08 407-851-6367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #