

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054079

Entity Name: CK HANES MALL, LLC

FILED  
Jan 12, 2008  
Secretary of State

**Current Principal Place of Business:**

427 SAVOIE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

646 HERMITAGE CIRCLE  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

427 SAVOIE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

646 HERMITAGE CIRCLE  
PALM BEACH GARDENS, FL 33410

FEI Number: 52-1476058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

LUSKIN, CARY A MGR  
646 HERMITAGE CIRCLE  
PALM BEACH GARDENS, FL 33410 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: CARY LUSKIN

01/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COLUMBIA/95 GROUP LI, MITED PARTNERS H IP  
Address: 427 SAVOIE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COLUMBIA/95 GROUP LI, MITED PARTNERS H IP  
Address: 646 HERMITAGE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify 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: CARY LUSKIN

MGRM

01/12/2008

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