2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# L05000056864

Entity Name: THE SILO SHOPPES AT HERITAGE FARM, LLC

Current Principal Place of Business:

3740 ST. JOHNS BLUFF ROAD
SUITE 16
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

3740 ST. JOHNS BLUFF ROAD
SUITE 16
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-2967994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKBURN & COMPANY, LC
5150 BELFORT RD. SOUTH
BUILDING 500
JACKSONVILLE, FL 32256 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: MGR ( ) Delete
Name: WOODS, RICHARD S JR
Address: 11732 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR ( ) Delete
Name: WALSHAW, LARRY E
Address: 3740 ST. JOHNS BLUFF RD. STE 16
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR ( ) Delete
Name: BRADY, JAMES G
Address: 3740 ST. JOHNS BLUFF RD. STE 16
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

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

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 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: RICHARD S. WOODS MEM 02/18/2008

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