2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State
04-18-2006 90011 049 ****50.00

DOCUMENT # L05000057246

1. Entity Name

FELCHER RETAIL CENTERS, LLC

Principal Place of Business	Mailing Address
5090 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210	5090 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 7567
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Fort Lauderdale, FL
Zip / Country	Zip: 33338 / Country: Broward

4. FEI Number: 34-2049149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELCHER, WAYNE S 5090 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210	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 ______ (NO) (WF) NO CHANGE (WF)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		☐ Delete	10. ADDITIONS/CHANGES		☐ Change ☐ Addition
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FELCHER, WAYNE S		NAME		
STREET ADDRESS	5090 ORTEGA FOREST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ______ 4/10/06 954.647.5921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — Daytime Phone #