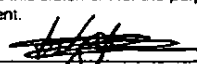


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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 5090 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210			Mailing Address 5090 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210		
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		FEL Number 34-2049149	
Zip	Country	Zip 33338	Country Broward	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FELCHER, WAYNE S 5090 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210				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 <u></u> (NO) (WF) NO CHANGE (LF) 4/10/06 Signature, typed or printed name of registered agent and date is applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$50.00. Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
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		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
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: <u></u>				4/10/06 954.647.5921 Signature and typed or printed name of signing managing member, manager, or authorized representative	