2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| DOCUMENT # L06000016482 1. Entity Name ARGYLE FOREST RETAIL I, LLC | | | | | | | | FILED 07 APR 27 AM 8: 06 | | | | |
|---|------------------|--|---|---|---|--------------|-------------------------------------|-------------------------------|----------------------------|-----------------------------|-------------------|------|
| Principal Place of Business Mailing Address | | | | | • | | | SECRETAF TALLAHAS: | CY OF | STATE | | |
| 5858 CENTR St. Petersb | | 5858 CENTRAL AVE. St. Petersburg, Fl. | CENTRAL AVE. Etersburg, Fl. 33707-1728 | | | , | исгипир; | ott. | FLORIDA | 4 | | |
| | | | | | | B | i ernickei oli | BBIST AFFIL KRINI BBIST BBIST | A BIDL HOLD | I BUIR BUBB UBED R | 9 0 P 1 | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 03022007 | Chg-LLC | CR2 | E083 (12/06) | | |
| City & State | | | City & State | | | 4. FEI Numbe | | | <u> </u> | oplied For ot Applicable | | |
| Zip | Country | | Zip Count | | try | 5. Certific | | of Status Desired | × | \$5.00 Add | ditional ed | |
| 6. Name and Address of Current F | | | Registered Agent | | 7. Name and Address of New Registered Agent | | | | | | | |
| SHER, CRAIG | | | | | Name | | | | | | | |
| 5858 CEN | | E. FL 33707-1728 | | | Street A | ddress (| (P.O. Box Number is Not Acceptable) | | | | | |
| 011211 | , | , 1 00.0, 1.20 | | | | | | | | | | |
| | | | | | City | | | <u></u> | F | L Zip Cod | le | |
| 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 | | | | | | | | | | | | |
| | Signature, typed | or printed name of registered agent a | nd title if applicable. (NOT | E: Registere | d Agent signal | beriuper and | when reinstating) | at veralina com ou | DATE | ONAV SHIPT TO TO | · words to design | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | BK | | | \$ | Florida | Depart | payable to ment of Stat | | | |
| 9. | | RS/MANAGERS Delete | | | | e m | ADDITIONS/ | | | Addition | | |
| NAME | | | C Delete | NAM | E | sen | BLER | FAMILY PA | RTN | ERSHI | 0 7 43, 4 | _Hd. |
| STREET ADDRESS CITY-ST-ZIP | | | | MGRM Char SEMBLER FAMILY PARTNERSH ET ADDRESS 5858 CENTRAL ANENUE -ST-ZIP ST. PETERSBURG FL 3370 | | | | | マコフ | | | |
| TITLE | | | ☐ Delete | TITLI | | 371 | reion | DUKG, F | <u> </u> | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | | NAM STRE | e Et address | | 2 | 00102 1/070100 | 195 | 5312 | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | 05/1 | 1/070100 | 702 | 25 **59 | 5.00 | |
| TITLE NAME | | | ☐ Delete | TITU | | | | | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | STRE | ET ADDRESS -ST-ZIP | | | | | | | |
| TELE | | THE IS NOT | ☐ Delete | TITLE | | | | * | | Change | ☐ Addition | |
| NAME STREET ADDRESS | | | | NAM | et address | | | | | | _ | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | | 1 | |
| TITLE NAME | | | ☐ Delete | TITLE | | | | | | Change | ☐ Addition | |
| STREET ADDRESS | | | | NAM | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | | | |
| TITLE NAME | | | ☐ Delete | TITLE NAM | | | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP 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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | | | | |
| SIGNAT | URE: _ | AND TYPED OR PRICED WAME OF | SIGNING MANAGING MEMBER, MAI | NAGER, OR | AUTHORIZEI | O REPRESEI | 4-26 | 07 7 | 27, | 384-6 Daytima Phone # | 000 | |

CRAIL H. SHER