

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000016482

1. Entity Name
ARGYLE FOREST RETAIL I, LLC



Principal Place of Business
5858 CENTRAL AVE.
ST. PETERSBURG, FL 33707-1728

Mailing Address
5858 CENTRAL AVE.
ST. PETERSBURG, FL 33707-1728

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272008

Chg-LLC

CR2E083 (12/06)

4. FEI Number
20-4344753

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

SHER, CRAIG
5858 CENTRAL AVE.
ST PETERSBURG, FL 33707-1728

Name
SEMBLER, GREGORY S.

Street Address (P.O. Box Number is Not Acceptable)

5858 CENTRAL AVENUE

City ST. PETERSBURG FL Zip Code 33707

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

Gregory S. Sembler

PRESIDENT

4-23-08

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SEMBLER FAMILY PARTNERSHIP #43, LTD.
5858 CENTRAL AVE.
ST. PETERSBURG, FL 337071728

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500127540085
05/01/08--01001--010 **143.75
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change Addition

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Change Addition

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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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Gregory S. Sembler

VICE PRESIDENT

4/25/08

727-384-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #