


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90328 027 ****50.00

DOCUMENT # L06000023640

1. Entity Name
HARTS SHOPPING CENTER, L.L.C.



Principal Place of Business
**13947 BEACH BLVD STE 210
 JACKSONVILLE, FL 32224**

Mailing Address
**PO BOX 551260
 JACKSONVILLE, FL 32255**

60047198



2. Principal Place of Business - No P.O. Box #
**7880 GATE PARKWAY SUITE 300
 JACKSONVILLE, FL 32256**

3. Mailing Address
 Suite, Apt. #, etc.
**7880 GATE PARKWAY SUITE 300
 JACKSONVILLE, FL 32256**

01082007 Chg-LLC CR2E083 (12/06)

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32256

Country
USA

4. FEI Number
20-4449009

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**ANSBACHER & SCHNEIDER, P.A.
 5150 BELFORT ROAD BLDG 100
 JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent
 Name **Mike Ashourian**
 Street Address (P.O. Box Number is Not Acceptable)
**7880 GATE PARKWAY SUITE 300
 JACKSONVILLE, FL 32256**
 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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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: *[Signature]* **Elaine Ashourian** **4/24/2007** **904 992 9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/Phone #