

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

City & State

4. FEI Number

26-4449009

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Mike Ashourian
7880 GATE PARKWAY SUITE 300
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *(Signature)* **Elaine Ashourian**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/2007
Date

904 992 9000
Daytime Phone #