2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2007
Secretary of State

DOCUMENT# L06000041890

Entity Name: SHOPPING CENTER SOLUTIONS, LLC

Current Principal Place of Business:

21346 SAINT ANDREWS BLVD., SUITE 400
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

21346 SAINT ANDREWS BLVD., SUITE 400
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 06-1781155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GLOCK, RONDA D ESQ.
C/O BILL T. SMITH, JR., P.A.
980 NORTH FEDERAL HIGHWAY, SUITE 402
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCCLURE, ROBYN F
Address: 21346 SAINT ANDREWS BLVD., SUITE 400
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM ( ) Delete
Name: MCCLURE, WILLIAM R
Address: 21346 SAINT ANDREWS BLVD., SUITE 400
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM R. MCCLURE MGRM 08/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date