## 2007 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

## Apr 16, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L06000071685** 04-16-2007 90348 030 \*\*\*\*50.00 NORTHPOINTE SHOPPING CENTER OF SARASOTA, LLC Principal Place of Business Mailing Address 60037045 240 SOUTH PINEAPPLE AVE., 10TH FLOOR 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-5365368 Not Applicable Country Zip Country Zip \$5.00 Admitional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUSSELL, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236 City Zip Code FL 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 and life if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MANAGER MOHAMMAD SHAYCAN 1941 SEASONS RIVE ☐ Change XAddition TITLE ☐ Defete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIP SARASOTA, CL. 34240 TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MILE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. Thereby 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.

NAME

☐ Delete

CITY-ST-ZIP 31115

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE