## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L06000086829**

1. Entity Name

TOWNCENTER CROSSINGS RETAIL LLC



FILED
Apr 21, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

1590 ISLAND LANE

1590 ISLAND LANE

28

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FLEMING ISLAND, FL 32003

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CR2E083 (12/07)

4. FEI Number 20-5487975

03072008 No Chg-LLC

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, JOHN W 1590 ISLAND LANE 28

FLEMING ISLAND, FL 32003

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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 little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1000000010474

05/08/08-80018-007 138.75

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

9.	MANAGING MEMBEHS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'CONNOR, JOHN W 1590 ISLAND LANE, SUITE 28 FLEMING ISLAND, FL 32003		
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11. I hereby certify that the information supplied with this filing does not qualify for the ex-			

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

SIGNATUR

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

MANAGER

4/17/08

904/215-757

Daytime Phone #