

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115313

FILED
Mar 17, 2008
Secretary of State

Entity Name: SHOPPES AT MURRELL, LLC

Current Principal Place of Business:

7087 GRAND NATIONAL DRIVE, STE 104
ORLANDO, FL 32819

New Principal Place of Business:

7649 W. COLONIAL DRIVE
STE 120
ORLANDO, FL 32818

Current Mailing Address:

7087 GRAND NATIONAL DRIVE, STE 104
ORLANDO, FL 32819

New Mailing Address:

7649 W. COLONIAL DRIVE
STE 120
ORLANDO, FL 32818

FEI Number: 20-8007899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIWANI, SULEMAN
7087 GRAND NATIONAL DRIVE, STE 104
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

JIWANI, SULEMAN
7649 W. COLONIAL DRIVE
STE 120
ORLANDO, FL 32818 US

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: SULEMAN JIWANI

03/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JIWANI, SULEMAN
Address: 1724 WHITNEY ISLES DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: HUSSAIN, RIZWAN
Address: 1626 WHITNEY ISLES DRIVE
City-St-Zip: WINDERMERE, FL 34786

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: SULEMAN JIWANI

MGR

03/17/2008

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