2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 07000032008] FILED		
DOCUMENT # L07000032008 1. Entity Name VALDOSTA SHOPPES LLC					0811AY -6 AH 6: 52		
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Principal Place of Bus	iness	Mailing Address		-	:41.	AHASSFE, FLORIDA	
8302 LAUREL FAIR (CIRCLE	8302 LAUREL FAIR CIRCLE					
TAMPA, FL 33610		SUITE 100 TAMPA, FL 33610			(
2. Principal Place of I	gusiness - No P.O. Box #	3. Mailing Address	 -				
/ 2 <i>510 1</i> Suite, Apt. #, etc.	BLCCOM DRIVE		alcom D	RIUIE	 	Dift 20192 INIO 11011 00111 02101 101-601 111 1201	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042008 Chg-LLC	CR2E083 (12/06)	
Oity & State 1 Empl E 1	BRRAG PL	Six & State 1 Emp45 To	RRALE F	22	4. FEI Number	Applied For Not Applicate	
33637	Hill have	33637	Country (C	Syl	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
6. N	ame and Address of Current	Registered Agent	Name	1	7. Name and Address of New	Registered Agent	
COMER; GORDON 8302 LAUREL FAIR CIRCLE				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 100				Glice (Addiess (1.0. Box Hamber is Not Addiption)			
TAMPA, FL 33610				City To Code			
			City			FL Zip Code	
 The above named the obligations of r 		r the purpose of changing it	s registered office	or register	red agent, or both, in the State of F	lorida. I am familiar with, and accep	
SIGNATURE							
Signature	typed or printed name of registered agent	and title if applicable (NO	TE Registered Agent sig	nature required	I when reinstating)	DATE	
	ill FEE IS \$138.75 108 Fee will bø \$538.75	;			l l	ke check payable to da Department of State	
9.	MANAGING MEMBE		10.		ADDITIONS	3/CHANGES	
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	LAUREL FAIR CIRCLE SUI PA, FL 33610	TE 100	STREET ADORES		170 TELECOM D MD LE TERRALE		
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NAME		Second Divivious	NAME			_ onengo _ numb	
TREET ADDRESS			STREET ADDRES	S			
11. I hereby certify th	at the information supplied with	this filing does not qualify for	or the exemptions	contained i	in Chapter 119, Florida Statutes. I	further certify that the information	
indicated on this limited liability co	report is true and accurate and mpany or the receiver or trustee	that my signature shall have empowered to execute this	the same legal e report as require	ffect as if m d by Chapt	nade under oath; that I am a mana ter 608, Florida Statutes.	aging member or manager of the	
	(1)	()		•			
SIGNATURE	THE AND THE OR PRINTED AND THE	10ue n	louige			·	
OIGNAI	URE AND TOPED OR PRINTED NAME OF	PIUNING MANAGING MEMBER, M	NAGER, OR AUTHORI	ED REPRESE	NTATIVE Date	Daytime Phone #	