## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079999

Entity Name: PHOENIX RETAIL PARTNERS, LLC

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

37 NORTH ORANGE AVENUE 37 NORTH ORANGE AVENUE

SUITE 200 SUITE 204 ORLANDO, FL 32801 ORLANDO, FL 32801

**Current Mailing Address: New Mailing Address:** 

37 NORTH ORANGE AVENUE 37 NORTH ORANGE AVENUE SUITE 200 SUITE 204

ORLANDO, FL 32801 US ORLANDO, FL 32801 US

FEI Number: 11-3820738 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIETRICH, D. PAUL 37 NORTH ORANGE AVENUE SUITE 200 ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGRM Title: () Delete

(X) Change ( ) Addition POCKLINGTON, JEFFREY L POCKLINGTON, JEFFREY L Name: Name: 800 N. MAGNOLIA AVENUE, SUITE 450 Address: 37 N ORANGE AVENUE STE 204 Address:

City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: ORLANDO, FL 32801 US

(X) Change ( ) Addition Title: MGRM () Delete Title: POCKLINGTON, JEFFREY M Name: POCKLINGTON, JEFFREY M Name:

Address: 800 NORTH MAGNOLIA AVENUE. SUITE 450 Address: 37 N ORANGE AVENUE STE 204 City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition FORSTER, MARTIN FORSTER, MARTIN Name: Name:

800 NORTH MAGNOLIA AVENUE, SUITE 450 37 N ORANGE AVENUE STE 204 Address: Address:

City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM ( ) Delete Title: () Change () Addition

Name: DIETRICH, D. PAUL Name: 37 NORTH ORANGE AVENUE, SUITE 200 Address: Address: City-St-Zip: ORLANDO, FL 32801 US 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: JEFFREY L POCKLINGTON **MGRM** 04/30/2009