2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088537

Entity Name: TCV RETAIL VENTURES, LLC

FILED Apr 17, 2009 Secretary of State

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

8616 SE MAY TERRACE 2029 VININGS CIRCLE

HOBE SOUND, FL 33455 #405

WELLINGTON, FL 33414 US

Current Mailing Address: New Mailing Address:

8616 SE MAY TERRACE 2029 VININGS CIRCLE

HOBE SOUND, FL 33455 #405

WELLINGTON, FL 33414 US

FEI Number: 26-0848292 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:

VELINSKY, CHRISTIE

8616 SE MAY TERRACE

HOBE SOUND, FL 33455

US

CAMPBELL, CHAD

2029 VININGS CIRCLE

WELLINGTON, FL 33414

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: CHAD R. CAMPBELL 04/17/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

 Name:
 VELINSKY, CHRISTIE
 Name:
 CAMPBELL, CHAD

 Address:
 8616 SE MAY TERRACE
 Address:
 2029 VININGS CIRCLE #405

 City-St-Zip:
 HOBE SOUND, FL 33455
 City-St-Zip:
 WELLINGTON, FL 33414 US

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

 Name:
 CHAMPAGNE, TRACY
 Name:

 Address:
 P.O. BOX 2253
 Address:

 City-St-Zip:
 HOBE SOUND, FL 33455
 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: TRACY E. CHAMPAGNE MGRM 04/17/2009