2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093262

Address:

City-St-Zip:

Entity Name: SIX MILE RETAIL FUND, LLC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12800 UNIVERSITY DRIVE, SUITE 275 12800 UNIVERSITY DRIVE FORT MYERS, FL 33907 SUITE 275 FORT MYERS, FL 33907 US **Current Mailing Address: New Mailing Address:** 12800 UNIVERSITY DRIVE, SUITE 275 12800 UNIVERSITY DRIVE FORT MYERS, FL 33907 SUITE 275 FORT MYERS, FL 33907 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITESMAN, GUY E PREISS, MICHELLE A 1715 MONROE STREET 12800 UNIVERISTY DRIVE US FORT MYERS, FL 33901 SUITE 275 FORT MYERS, FL 33907 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: MICHELLE A PREISS 04/29/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete () Change (X) Addition BAUM, HOWARD COO Name: Name: Address: Address: 12800 UNIVERSITY DRIVE City-St-Zip: City-St-Zip: FORT MYERS, FL 33907 US Title: Title: () Change (X) Addition () Delete Name: Name: MORRIS, GREGORY M EVP Address: Address: 12800 UNIVERSITY DRIVE SUITE 275 City-St-Zip: City-St-Zip: FORT MYERS, FL 33907 US Title: () Delete Title: CFO () Change (X) Addition DOUGLAS, CAROL A CFO Name: Name: 12800 UNIVERSITY DRIVE SUITE 275 Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33907 US Title: () Delete Title: () Change (X) Addition Name: Name: PREISS, MICHELLE A VP

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.

Address:

City-St-Zip:

12900 UNIVERSITY DRIVE SUITE 275

FORT MYERS, FL 33907 US

SIGNATURE: MICHELLE A PREISS VP 04/29/2008