

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103564

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** SHOPPES AT TARA-HODGES, LLC

**Current Principal Place of Business:**

1767 LAKEWOOD RANCH BLVD., #292  
BRADENTON, FL 34211

**New Principal Place of Business:**

3639 CORTEZ ROAD WEST  
SUITE 220  
BRADENTON, FL 34210

**Current Mailing Address:**

1767 LAKEWOOD RANCH BLVD., #292  
BRADENTON, FL 34211

**New Mailing Address:**

173639 CORTEZ ROAD WEST  
SUITE 220  
BRADENTON, FL 34210

**FEI Number:** 26-1277309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** CAMBRA, JERRY C  
**Address:** 1767 LAKEWOOD RANCH BLVD., #292  
**City-St-Zip:** BRADENTON, FL 34211

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** CAMBRA, JERRY C  
**Address:** 3639 CORTEZ ROAD WEST, SUITE 220  
**City-St-Zip:** BRADENTON, FL 34210

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:** JERRY CAMBRA

MGR

01/21/2009

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