

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018374

FILED
Apr 26, 2010
Secretary of State

Entity Name: UNITED RETAIL CENTERS, LLC

Current Principal Place of Business:

1039 HARLEY STRICKLAND BLVD
700
ORANGE CITY, FL 32763

New Principal Place of Business:

195 SOUTH WESTMONTE DRIVE
1122
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1039 HARLEY STRICKLAND BLVD
700
ORANGE CITY, FL 32763

New Mailing Address:

195 SOUTH WESTMONTE DRIVE
1122
ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-2149746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRASBERG, LESLIE
1039 HARLEY STRICKLAND BLVD
700
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

STRASBERG, LESLIE
195 SOUTH WESTMONTE DRIVE
1122
ALTAMONTE SPRINGS, FL 32714 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:

04/26/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: STRASBERG, LESLIE
Address: 195 SOUTH WESTMONTE DRIVE STE 1122
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM
Name: STRASBERG, JAMES
Address: 195 SOUTH WESTMONTE DRIVE STE 1122
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM
Name: CHAPPELL, ROBERT
Address: 195 SOUTH WESTMONTE DRIVE STE 1122
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM
Name: CHAPPELL, MONIKA
Address: 195 SOUTH WESTMONTE DRIVE STE 1122
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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: LESLIE STRASBERG

MGRM

04/26/2010

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