

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000057495

**Entity Name:** SHOPS AT MALLORY, LLC

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

420 S. BEACH STREET  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

100 S. BEACH STREET  
STE 204  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

420 S. BEACH STREET  
ORMOND BEACH, FL 32174

**New Mailing Address:**

100 S. BEACH STREET  
STE 204  
DAYTONA BEACH, FL 32114

**FEI Number:** 26-2775917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LELSIE ALAN SCHERE, ESQ  
4800 LEJUNE ROAD  
CORAL GABLES, FL 33146 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: MGRM  
Name: NEWMAN, BRUCE  
Address: 420 S. BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM  
Name: CHADDERTON, TREVOR  
Address: 999 PONCE DE LEON BLVD # 1045  
City-St-Zip: CORAL GABLES, FL 33134

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: BRUCE NEWMAN

MGRM

02/21/2010

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