

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002480

1. Entity Name

ALARCON SHOPPING CENTER L.L.C.

FILED

00 SEP 29 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6019 OLD OCEAN BLVD.  
OCEAN RIDGE FL 33435

Mailing Address

6019 OLD OCEAN BLVD.  
OCEAN RIDGE FL 33435



2. Principal Place of Business

ABOVE

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

PALM

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYDEN, RICHARD  
6019 OLD OCEAN BLVD.  
OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

Name SAMR

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Richard A. Hayden

9/22/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM HAYDEN, YEE LING  
STREET ADDRESS 6019 OLD OCEAN BLVD.  
CITY-ST-ZIP OCEAN RIDGE FL 33435

TITLE NAME No OT  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME Manager RICHARD A. HAYDEN  
STREET ADDRESS 6019 OLD OCEAN  
CITY-ST-ZIP OCEAN RIDGE, FL 33435

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Richard A. Hayden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/22/08

Date

861-

Daytime Phone #

CR2E083 (5/00)