

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001543

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: LAKEVIEW SHOPPING CENTER LLC

**Current Principal Place of Business:**

WORLD TRADE CENTER EAST, 2 SEAPORT LANE  
BOSTON, MA 02210

**New Principal Place of Business:**

**Current Mailing Address:**

WORLD TRADE CENTER EAST, 2 SEAPORT LANE  
BOSTON, MA 02210

**New Mailing Address:**

FEI Number: 04-3525479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: M ( ) Delete  
Name: DANYLUK, LINDA  
Address: WORLD TRADE CENTER EAST, 2 SEAPORT LANE  
City-St-Zip: BOSTON, MA 02110

Title: M (X) Delete  
Name: BRADLEY, DANIEL  
Address: WORLD TRADE CENTER EAST, 2 SEAPORT LANE  
City-St-Zip: BOSTON, MA 02110

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BOSTON SAFE DEPOSIT AND TRUST COMPANY, AS  
Address: WORLD TRADE CENTER EAST, 2 SEAPORT LANE  
City-St-Zip: BOSTON, MA 02210

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JANE LOUIS

POA

04/27/2009

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