

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000000090

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** SOUTHLAND RETAIL DEVELOPMENT COMPANY, LLC

**Current Principal Place of Business:**

8215 ROSWELL RD., BLDG. 500  
ATLANTA, GA 30350

**New Principal Place of Business:**

P. O. BOX 670596  
MARIETTA, GA 30066

**Current Mailing Address:**

8215 ROSWELL RD., BLDG. 500  
ATLANTA, GA 30350

**New Mailing Address:**

P.O. BOX 670596  
MARIETTA, GA 30066

**FEI Number:** 58-2525310

**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: MGRM ( ) Delete  
Name: GEARY III, JOHN W MGRM  
Address: 8215 ROSWELL ROAD, BLDG 500  
City-St-Zip: ATLANTA, GA 30350

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GEARY III, JOHN W MGRM  
Address: P. O. BOX 670596  
City-St-Zip: MARIETTA, GA 30066

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:** OLIVIA P. SMITH

MS

03/24/2009

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