

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002479

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** SM NEWCO POMPANO BEACH, LLC

**Current Principal Place of Business:**

C/O DEVELOPERS DIVERSIFIED REALTY CORPORAT  
3300 ENTERPRISE PKWY.  
BEACHWOOD, OH 44122

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DEVELOPERS DIVERSIFIED REALTY CORPORAT  
3300 ENTERPRISE PKWY.  
BEACHWOOD, OH 44122

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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/MEMBERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      KLA/SIM NEWCO GC, LLC,  
Address:                      3300 ENTERPRISE PKWY.  
City-St-Zip:                      BEACHWOOD, OH 44122

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG A SCHULTZ

VP

04/27/2005

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