## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **DOCUMENT # M0400000106**

1. Entity Name GRAND PAVILION SHOPPING CENTER, LLC



## **FILED** Mar 22, 2005 8:00 am Secretary of State 03-22-2005 90183 025 \*\*\*\*50.00

Principal Plac	e of Business	Mailing Address (AAA	0005-48								
	E BRIDGE ROAD: SUITE D-201-	Mailing Address 1000 Mansell Eychans			re -	•	200	2267	ß		
1000 mansell & schange w		ALPHARETTA, GA 30022			20023676						
Rido a	ouste 210 alphari	eHQ G430022				II 681H 618H <b>6</b> 1	IN CALL MAN A			RTI III IRI	
2. Principal P	lace of Business	3. Mailing Address	•								
1000			1 (844	III SQUA MINO NO.	in deut data a	eta esta kata		12 gr HI 18 St			
Suite, Apt.	110 Blolg 200	Suite, Apt. #, etc.			02162005	Chg-Ll	LC	CR2E08	3 (10/03)		
City & State		City & State			4. FEI Numi 04-35				<u>_</u> _	plied For t Applicable	
3002	Country	Zip	Country		5. Certificat	e of Status D	esired		5.00 Add ee Required		
	6. Name and Address of Current F			7. Name an	d Address o	of New Rec	istered Aç	gent .			
BEITLICH, PAUL D			Name								
2033 MAIN	STREET, #500 A, FL 34237		Street Address			(P.O. Box Number is Not Acceptable)					
									ŀ		
			City		-		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	9	
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE.	Signature, typed or printed name of registered agest a	nd title if applicable. (NOTE	: Registered Agent eigne	ture required	when reinstating)			DATE			
	U F I- 4F0 00						Maka	check pa	inhla ta		
	ling Fee is \$50.00 ue by May 1, 2005								yable to nt of State	9	
							A	The best	and the second s	r	
9.	MANAGING MEMBEI		10.	<del>,</del> .		ADD	ITIONS/C				
TITLE NAME	MGR BRIDGES, JAMES E	☐ Delete	tifle Name					1	Change	☐ Addition	
STREET ADDRESS	41130 STATE BRIDGE ROAD, G	STREET ADDRESS	inco	mansei	Sugha	move L	bost B	3.200 9	5 2/4		
CITY-ST-ZIP	ALPHARETTA, GA 30022	CITY-ST-ZIP	aign	088419	60 3	0022	7401 1	) &OO &	1		
TITLE	MGR	☐ Delete	TITLE						☑ Change	☐ Addition	
NAME	CHARLES WILLIAM KOLBRENE	NAME			0			, 	2.5		
STREET ADDRESS CITY-ST-ZIP	i <del> 11130 STATE BRIDGE ROAD, S</del> I ALPHARETTA, GA 30022	UITE U-201	STREET ADDRESS CITY-ST-ZIP		Mansell				200 3	210	
TITLE	ALI TANCITA, OA OOEZ	☐ Delete	TITLE	$\alpha_{1}\rho_{n}$	ore Ha	<u>U.</u> 4	3002		☐ Change	Addition	
NAME		CJ Date	NAME					1		Li Addison	
STREET ADDRESS			STREET ADDRESS	<b>]</b> .	-				<u> </u>		
CITY+ST-ZIP			CITY-ST-ZIP	<u> </u>			<b></b>				
TITLE		Delete	TILE					I	Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP	ŀ						ì	
TITLE		☐ Delete	TITLE	1					Change	Addition	
NAME			NAME								
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							-	
TITLE	<u> </u>	☐ Delete	TITLE	<del> </del>					☐ Change	Addition	
NAME			NAME					'			
STREET ADDRESS			STREET ADDRESS	}							
CITY-ST-ZIP			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 lia	bility company or the ecciver or trustee	empowered to execute this r	report as required	by Chapt	er 608, Florida	Statutes.				į	
	URE: / m		7		•	1		, ~~	300	ا م۔م	
SIGNAT	TIRE / //////	11 Marsh	/		ر ح	116/8	1005	6 18	つりかりと	7704	

Daytime Phone #