2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90183 025 ****50.00

DOCUMENT # M04000000106

1. Entity Name
GRAND PAVILION SHOPPING CENTER, LLC

Principal Place of Business	Mailing Address 1000 Mansell Exchange
~~11130 STATE BRIDGE ROAD, SUITE D-201~~	~~11130 STATE BRIDGE ROAD, SUITE D-201~~
~~ALPHARETTA, GA 30022~~	ALPHARETTA, GA 30022
1000 mansell Exchange W Bldg 200 Ste 210 Alpharetta Ga 30022	

20023676

02162005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1000 mansell Exchange W	Same
Suite, Apt. #, etc. Ste 210 Bldg 200	Suite, Apt. #, etc.
City & State Alpharetta Ga	City & State
Zip 30022 / Country	Zip / Country

4. FEI Number 04-3598278 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BEITLICH, PAUL D
2033 MAIN STREET, #500
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRIDGES, JAMES E ~~11130 STATE BRIDGE ROAD, SUITE D-201~~ ALPHARETTA, GA 30022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1000 Mansell Exchange West B200 S210 Alpharetta Ga 30022
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CHARLES WILLIAM KOLBRENER ~~11130 STATE BRIDGE ROAD, SUITE D-201~~ ALPHARETTA, GA 30022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1000 Mansell Exchange West B200 S210 Alpharetta Ga 30022
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 3/16/2005 678-297-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #