2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State
02-20-2006 90140 029 ****50.00

DOCUMENT # M04000000106

1. Entity Name
GRAND PAVILION SHOPPING CENTER, LLC

Principal Place of Business	Mailing Address
1000 MANSELL EXCHANGE BLDG 200 STE 210 ALPHARETTA, GA 30022	1000 MANSELL EXCHANGE BLDG 200 STE 210 ALPHARETTA, GA 30022

DO NOT WRITE IN THIS SPACE

02102006 No Chg-LLC CR2E083 (11/05)

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

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRIDGES, JAMES E
STREET ADDRESS	1000 MANSELL EXCHANGE W. BLDG 200 STE 210
CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE	~~MGR~~
NAME	~~CHARLES WILLIAM KOLBRENER~~
STREET ADDRESS	~~1000 MANSELL EXCHANGE W. BLDG 200 STE 210~~
CITY-ST-ZIP	~~ALPHARETTA, GA 30022~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James E. Bridges 2/14/06 678-297-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

James E. Bridges