

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000443

FILED
Jun 29, 2005
Secretary of State

Entity Name: MERCHANT'S SQUARE SHOPPING CENTER, L.L.C.

Current Principal Place of Business:

2250 N. DRUID HILLS ROAD, SUITE 260
ATLANTA, GA 30329

New Principal Place of Business:

6961 PEACHTREE INDUSTRIAL BLVD
SUITE 101
NOCROSS, GA 30092

Current Mailing Address:

2250 N. DRUID HILLS ROAD, SUITE 260
ATLANTA, GA 30329

New Mailing Address:

6961 PEACHTREE INDUSTRIAL BLVD
SUITE 101
NORCROSS, GA 30092

FEI Number: 58-2396101 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: SHAIKH, RAFAT
Address: 2250 N. DRUID HILLS ROAD, SUITE 260
City-St-Zip: ATLANTA, GA 30329

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAIKH, RAFAT U
Address: 6961 PEACHTREE INDUSTRIAL BLVD., # 101
City-St-Zip: NORCROSS, GA 30092

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: RAFAT SHAIKH

MGRM

06/29/2005

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