

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005478

FILED  
Jan 16, 2006  
Secretary of State

Entity Name: RETAIL PORTFOLIO SOUTH MAIN, LLC

**Current Principal Place of Business:**

500 WASHINGTON STREET, SUITE 700  
SAN FRANCISCO, CA 94111

**New Principal Place of Business:**

500 WASHINGTON STREET  
SUITE 700  
SAN FRANCISCO, CA 94111

**Current Mailing Address:**

500 WASHINGTON STREET, SUITE 700  
SAN FRANCISCO, CA 94111

**New Mailing Address:**

500 WASHINGTON STREET  
SUITE 700  
SAN FRANCISCO, CA 94111

FEI Number: 94-3312192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INGLIS, JOHN S ESQ.  
101 E. KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602 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: COATES, THOMAS  
Address: 500 WASHINGTON STREET, SUITE 700  
City-St-Zip: SAN FRANCISCO, CA 94111

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: GUSTAFSON, DAVID  
Address: 500 WASHINGTON STREET, SUITE 700  
City-St-Zip: SAN FRANCISCO, CA 94111

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID GUSTAFSON

MGRM

01/16/2006

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