

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005531

Entity Name: MACY'S FLORIDA, LLC

FILED  
Apr 25, 2008  
Secretary of State

**Current Principal Place of Business:**

7 WEST 7TH ST  
CINCINNATI, OH 45202

**New Principal Place of Business:**

**Current Mailing Address:**

7 WEST 7TH ST  
CINCINNATI, OH 45202

**New Mailing Address:**

FEI Number: 20-1786016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: BRODERICK, DENNIS J  
Address: 7 WEST SEVENTH STREET  
City-St-Zip: CINCINNATI, OH 45202

Title: MGR ( ) Delete  
Name: BELSKY, JOEL  
Address: 7 WEST SEVENTH STREET  
City-St-Zip: CINCINNATI, OH 45202

Title: AS ( ) Delete  
Name: COX, JACK B  
Address: 7 WEST 7TH ST  
City-St-Zip: CINCINNATI, OH 45202

Title: S ( ) Delete  
Name: BALICKI, LINDA J  
Address: 611 OLIVE ST.  
City-St-Zip: ST. LOUIS, MO 63101

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

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

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

Title: P ( ) Change (X) Addition  
Name: SCHEINER, DAVID J  
Address: 22 E. FLAGLER ST.  
City-St-Zip: MIAMI, FL 33131

Title: CEO ( ) Change (X) Addition  
Name: GREINER, JULIE  
Address: 22 E. FLAGLER ST.  
City-St-Zip: MIAMI, FL 33131

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: JACK B. COX

AS

04/25/2008

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