

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90023 003 ***138.75

DOCUMENT # M06000002707

1. Entity Name
SHOPPES OF FOUR CORNERS, L.L.C.



Principal Place of Business
**4200 W. CYPRESS STREET, SUITE 444
TAMPA, FL 33607**

Mailing Address
**4200 W. CYPRESS STREET, SUITE 444
TAMPA, FL 33607**

50005298



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212008

Chg-LLC

CR2E083 (12/06)

4. FEI Number
20-5007932

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **RAUENHORST, JOSEPH J**
STREET ADDRESS **225 N.E. MIZNER BLVD., SUITE 675**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Hunter Barrier**
STREET ADDRESS **925 North Point Parkway #300**
CITY-ST-ZIP **Alpharetta, GA 30005**

TITLE **MGR** ☐ Delete
NAME **GREENFIELD, BARRY W**
STREET ADDRESS **4200 WEST CYPRESS STREET, SUITE 444**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

BARRY GREENFIELD

21 April 08

Date

813-877-4444

Daytime Phone #