


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M06000006587</b>	
1. Entity Name <b>ROBERTS PROPERTIES RETAIL, LLC</b>	

Principal Place of Business <b>450 NORTHRIDGE PARKWAY, SUITE 300 ATLANTA, GA 30350</b>	Mailing Address <b>450 NORTHRIDGE PARKWAY, SUITE 300 ATLANTA, GA 30350</b>
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**DO NOT WRITE IN THIS SPACE**



02282008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

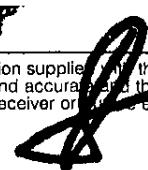
000000874168  
04/10/08-80108-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROBERTS, CHARLES S 450 NORTHRIDGE PARKWAY, SUITE 300 ATLANTA, GA 30350</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHURTZ, ANTHONY W 450 NORTHRIDGE PARKWAY, SUITE 300 ATLANTA, GA 30350</b>
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11. I hereby certify that the information supplied on 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 authorized representative empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  Charles S Roberts, member 2/27/08 (770) 394-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #