

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003786

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

**Entity Name:** CORSICA SQUARE S.C., LLC

**Current Principal Place of Business:**

% KIMCO REALTY CORPORATION  
3333 NEW HYDE PARK ROAD  
NEW HYDE PARK, NY 11042

**New Principal Place of Business:**

3333 NEW HYDE PARK ROAD  
SUITE 100  
NEW HYDE PARK, NC 11042

**Current Mailing Address:**

% KIMCO REALTY CORPORATION  
3333 NEW HYDE PARK ROAD  
NEW HYDE PARK, NY 11042

**New Mailing Address:**

3333 NEW HYDE PARK ROAD  
SUITE 100  
NEW HYDE PARK, NC 11042

**FEI Number:** 20-8246129

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**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: CORSICA SQUARE HOLDC, O, LLC  
Address: 3333 NEW HYDE PARK ROAD  
City-St-Zip: NEW HYDE PARK, NY 11042

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CORSICA SQUARE HOLDC, O, LLC  
Address: 3333 NEW HYDE PARK ROAD SUITE 100  
City-St-Zip: NEW HYDE PARK, NC 11042

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: CRYSTAL FICKEN

POA

04/23/2008

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