

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000006158

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** SUNSHINE SQUARE RETAIL, LLC

**Current Principal Place of Business:**

801 GRAND AVENUE  
DES MOINES, IA 50392

**New Principal Place of Business:**

**Current Mailing Address:**

801 GRAND AVENUE  
ATTN: BOB ROEPSCH  
DES MOINES, IA 50392

**New Mailing Address:**

**FEI Number:** 42-0127290      **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:** MGRM  
**Name:** PRINCIPAL LIFE INSURANCE COMPANY  
**Address:** 801 GRAND AVENUE  
**City-St-Zip:** DES MOINES, IA 50392

I hereby 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: ROBERT ROEPSCH      ADM      01/06/2010

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