2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2009
Secretary of State

DOCUMENT# M08000003931

Entity Name: ABNK OAKLAND PARK, LLC

Current Principal Place of Business:

C/O KIMCO REALTY CORP.//ATN: J. STEVENS
3333 NEW HYDE PARK ROAD, SUITE 100
NEW HYDE PARK, NY 11042

New Principal Place of Business:

4300 E 5TH AVE
COLUMBUS, OH 43219

Current Mailing Address:

C/O KIMCO REALTY CORP.//ATN: J. STEVENS
3333 NEW HYDE PARK ROAD, SUITE 100
NEW HYDE PARK, NY 11042

New Mailing Address:

4300 E 5TH AVE
COLUMBUS, OH 43219

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 ( ) Delete
Name: ABNK OAKLAND PARK HOLDCO, LLC
Address: 3333 NEW HYDE PARK ROAD, SUITE 100
City-St-Zip: NEW HYDE PARK, NY 11042

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ABNK OAKLAND PARK HOLDCO, LLC
Address: 4300 E 5TH AVE
City-St-Zip: COLUMBUS, OH 43219

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: BENTON KRANER MGR 07/17/2009

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