

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 APR 15 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # M95000000272

SHOPPES OF SOUTH SEMORAN, LLC
~~2637 MCCORMICK DR.~~
~~CLEARWATER FL 34619-1041~~

1a. Principal Place of Business Address

~~2637 MCCORMICK DR.~~
~~CLEARWATER FL 34619~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

2 Ponds Edge Drive

P.O. Box 999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Chadds Ford, PA

Chadds Ford, PA

Zip

Country

Zip

Country

19317

USA

19317

USA

3. Date Organized or Qualified

3a. State of Formation

09/25/1995

GA

4. FEI Number

☐ Applied For

☐ Not Applicable

APPLIED FOR

5. Date of Last Report

6. Certificate of Status Desired

05/01/1996

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

~~CLYNOR, JOSEPH W~~
~~2637 MCCORMICK DR.~~
~~CLEARWATER FL 34619~~

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, etc.

City

Zip Code

Plantation FL 33324

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

DOMENIC A. BORRIELLO

Assistant Vice President

DATE

APR 14 1997

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM FAIRVIEW CORPORATION,

~~RTS. 1 & 202, CHADDS FORD~~

CHADDS FORD PA

MGRM PARKEMORE CORPORATIO,

~~RTS. 1 & 202, CHADDS FORD~~

CHADDS FORD PA

2 Ponds Edge Drive
2 Ponds Edge Drive

19317

19317

000002143840--3
-04/15/97--01071--004
****203.75 ****203.75

000002143840--3
-04/15/97--01071--021
****166.25 *****8.75

A. Law
4/15/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Bruce E. Moore 4-10-97 (610)388-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #