

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

0047448

DOCUMENT # M95000000272

1. Entity Name

SHOPPES OF SOUTH SEMORAN, LLC

03-07-2002 90040 010 *****55.00

Principal Place of Business

Mailing Address

**2 POND'S EDGE DRIVE
 CHADDS FORD PA 19317**

**P.O. BOX 999
 CHADDS FORD PA 19317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2813978

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANDYWINE FINANCIAL SERVICES CORPORATION
 BRUCE E. MOORE
 231 2837 MCCORMICK DR.
 CLEARWATER FL 33759**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 FAIRVIEW CORPORATION
 2 POND'S EDGE DRIVE
 CHADDS FORD PA 19317** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 PARKEMORE CORPORATION
 2 POND'S EDGE DRIVE
 CHADDS FORD PA 19317** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Bruce E. Moore
 Pres. of Parkemore Corp.
 member
FEB - 8 2002

CR2E083 (9/01)

Attachment 826541
#M95000000272

Brandywine Financial Services Corporation

**P.O. Box 999
Chadds Ford, PA 19317
(610) 388-9600**

February 18, 2002

Limited Liability Company
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Shoppes of South Semoran, LLC
#M95000000272
2002 Florida Uniform Business Report

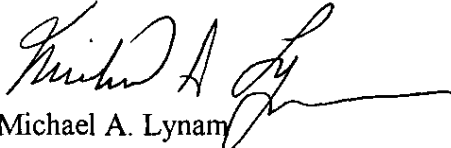
Via Certified Mail
Return Receipt Requested
7001 2510 0007 5598 8695

Gentlemen:

Enclosed please find the 2002 Florida Uniform Business Report for the above referenced limited liability company along with a check in the amount of \$55.00 for the annual registration fee and the additional fee required for a Certificate of Status.

Please send the Certificate of Status to my attention at the address listed above. Should you have any questions, please call me at (610) 388-9600.

Sincerely,


Michael A. Lynam
Chief Accounting Officer

MAL:dd

Enclosures

(54) (000000)