

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90298 038 \*\*\*\*55.00

**DOCUMENT # M95000000272**

1. Entity Name  
**SHOPPES OF SOUTH SEMORAN, LLC**



Principal Place of Business  
**2 POND'S EDGE DRIVE  
CHADDS FORD, PA 19317**

Mailing Address  
**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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**23-2813978**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRANDYWINE FINANCIAL SERVICES CORPORATION  
BRUCE E. MOORE  
2631 MCCORMICK DR.  
CLEARWATER, FL 33769**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**MGRM  
FAIRVIEW CORPORATION  
2 POND'S EDGE DRIVE  
CHADDS FORD, PA 19317**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**MGRM  
PARKMORE CORPORATION  
2 POND'S EDGE DRIVE  
CHADDS FORD, PA 19317**

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TITLE  
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STREET ADDRESS  
CITY-STATE-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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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

*President of Parkmore Corp*  
*Managing Member*

**FEB 20 2003**

**(610) 388-9600**

Date

Daytime Phone #

CR2E083 (10/02)