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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Sacrature of State

Secretary of State DIVISION OF CORPORATIONS

97 APR 15 AM 9: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT #M95000000276

SHOPPES INVESTORS, LIC

2637 MCCORMICK DR: CLEARWATER FL 34619-1041

2637 MCCOPMICK DR. SLEARWATER FL 34619

1a. Principal Place of Business Address

It above mailing address is incorrect in any way, tine through incorrect information and enter correction in Block 2a. Periopal Place of Business 2a. Malling Address				
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. City & State Chadds Ford, PA Country 19317 USA 19317				ed or Qualified 1 3s. State of Formation
Sile, Apt. #, etc. A FEN Number	a fonds Edge Drive	P.O. BOX 999	ı l -	
Chadds Ford, PA Chadds Ford, PA Chadds Ford, PA RPLIED FOR Extended Serior Country 19317 USA 193	Suite, Apt. #, etc.	Suite, Apt. #, etc.		
To Sephie W Street Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name CT COPPOY 4-10N System CT COPPOY 4-10N System CT COPPOY BN Number is Not Acceptable) 13.00 South Pine Island Road Sulfe, Apt. #, etc. City Plantation FL 3333A4 9. Pursuant to the provisient 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 dagent, and accept the obligations. DOMENIC A. BORRIELLO SIGNATURE Managing Members/Managers Business Street Address City, State and Zip Code APR 14 1997 APR 14 19	•		17/1	- V+\ L
7. Name and Address of Current Registered Agent Name	Zip Country	Zip Country	Date of Last (S8 /s Additional fee Required
CAYNOR, TOSEPH W 2637- MOORMICH DR. CLIPADWAVER PE 34619 Street Address (P.O. Box Number is Not Acceptable) Sulle, Apt. #, etc. City Plantation FL 33334 Sulle, Apt. #, etc. City City Plantation FL 33334 DOMENIC A. BORRIELLO Apr. 14 1997 Apr	7 Name and Address of Current F			
MGRM FAIRVIEW CORPORATION, PTS. 1 C 202, CHADDS FORD CHADDS FORD PA 2 PONDS EDGE Drive PARKEMORE CORPORATIO, PTS. 1 C 202, CHADDS FORD CHADDS FORD PA 2 PONDS EDGE Drive PARKEMORE CORPORATIO, PTS. 1 C 202, CHADDS FORD CHADDS FORD PA 2 PONDS EDGE Drive PA 2 PONDS EDGE Drive PA 19317 BUSINESS Street Address City, State and Zip Code CHADDS FORD PA 19317 BUSINESS Street Address City, State and Zip Code CHADDS FORD PA 19317 BUSINESS Street Address City, State and Zip Code CHADDS FORD PA 19317 BUSINESS Street Address City, State and Zip Code CHADDS FORD PA 19317 BUSINESS STREET Address City, State and Zip Code CHADDS FORD PA 19317 BUSINESS STREET Address City, State and Zip Code	2637 MCCORMICK DR. 2637 MCCORMICK DR. CLEADWARDER FL 34619 9. Pursuant to the provisions of Sections 608.416 as registered agent, and accept the obligations.	nd 608.508, Florida Statutes, the above- State of Florida Such change was author DOMENIC A. B	T CO T DO T C Det Address (P.O. Box Number of AOO South te, Apt. #, etc. Contact of a majorite of	Ition System Not Acceptable) Pine Island Roac FL 33324 Submits this statement for the purpose of changing ty of the members. I hereby accept the appointment
MGRM FAIRVIEW CORPORATION, RTS. 1 & 202, CHADDS FORD CHADDS FORD PA 19317 MGRM PARKEMORE CORPORATIO, PTS. 1 & 202, CHADDS FORD CHADDS FORD CHADDS FORD PA 19317 2 Ponds Edge Drive 19317 3000021438731 -04/15/9701071009 *****203.75			ed when reinslating)	DATE
	MGRM FAIRVIEW CORPORATIO	ON, 170. 1 6 202, 2 Ponds E	CHADDS FORD CHADDS FORD CHADDS FORD	CHADDS FORD PA 19517 CHADDS FORD PA 19317 10021438731 -04/15/9701071009

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Ifurther 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 mustee empewered 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:

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

4-10-97 U

Davime Phone #