File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.
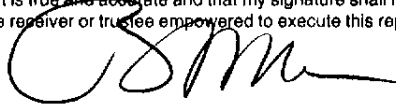
LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 29 PM 3:10

FILING FEE $ 188.75	**Annual Report $100.00 + $88.75 Corporation Supplemental Fee** **Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

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

SHOPPES INVESTORS, LLC
P.O. BOX 999
CHADDS FORD PA 19317

1a. Principal Place of Business Address

2 POND'S EDGE DRIVE
CHADDS FORD PA 19317

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified 09/25/1995	3a. State of Formation GA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 23-2813976 ~~APPLIED FOR~~	☐ Applied For ☐ Not Applicable
City & State	City & State	5. Date of Last Report 04/15/1997	6. Certificate of Status Desired $8.75 Additional Fee Required ☒
Zip	Country	Zip	Country		

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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.

SIGNATURE _____   DATE _____
(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,	2 POND'S EDGE DRIVE	CHADDS FORD PA
MGRM	PARKEMORE CORPORATIO,	2 POND'S EDGE DRIVE	CHADDS FORD PA

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****197.50 ****197.50

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   APR 21 1998 (610) 388-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #