

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 28 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M95000000276**

Entity Name
SHOPPES INVESTORS, LLC

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

Mailing Address
P.O. BOX 999
CHADDS FORD PA 19317-0503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MJM

4. FEI Number **23-2813976**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GAYNOR, JOSEPH W~~
~~2837 MCCORMICK DRIVE, SUITE B~~
~~CLEARWATER FL 33759~~

*Filed change form
2/24/00*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME Change Addition
700003249927--2
-05/12/00--01021--018
*******55.00 *****55.00**

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

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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]* **President of Parkemore Corp. Managing Member** MAR 27 2000 (601) 388 9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)