

# 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MAN

DO NOT WRITE IN THIS SPACE

4. FEI Number

23-2813976

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

~~GAYNOR, JOSEPH W~~

~~2837 MCCORMICK DRIVE, SUITE B~~

~~CLEARWATER FL 33759~~

Filed change form  
2/24/00

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
700003249927--2  
-05/12/00--01021--018  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - 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 OR MANAGER

Date

Daytime Phone #

President of Parkmore  
Corp. Managing Member

MAR 27 2000 (601) 388 9100

CR2E083 (9/99)