2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am § Secretary of State DOCUMENT # M9500000278 1. Entity Name 03-07-2002 90038 001 ****55.00 WEST VILLAGE SHOPPING CENTER. LLC Principal Place of Business Mailing Address P.O. BOX 999 2 POND'S EDGE DRIVE CHADDS FORD PA 19317 CHADDS FORD PA 19317 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 23-2813972 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRANDYWINE FINANCIAL SERVICES CORPORATION Street Address (P.O. Box Number is Not Acceptable) ンろし -2697 MCCORMICK DRIVE **CLEARWATER FL 33759** Zip Code City FL 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 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 Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS ☐ Addition Change MGRM TITLE ☐ Delete TITLE **FAIRVIEW CORPORATION** NAME NAME STREET ADDRESS STREET ADDRESS 2 POND'S EDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP CHADDS FORD PA 19317 Change ☐ Addition MGRM ☐ Delete TITLE TITLE PARKEMORE CORPORATION NAME NAME STREET ADDRESS STREET ADDRESS 2 POND'S EDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP CHADDS FORD PA 19317 Change Addition Delete _ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TID F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

IORIZED REPRESENTATIVE

SIGNATURE

Daytime Phone #

FILED

Brandywine Financial Services Corporation P.O. Box 999 Chadds Ford, PA 19317 (610) 388-9600

February 18, 2002

Limited Liability Company _ Division of Corporations___ P.O. Box 6327 Tallahassee, FL 32314-6327

Re:

West Village Shopping Center, LLC

#M9500000278

2002 Florida Uniform Business Report

Via Certified Mail

Return Receipt Requested

7001 2510 0007 5598 8619

Gentlemen:

Enclosed please find the 2002 Florida Uniform Business Report for the above referenced limited liability company along with a check in the amount of \$55.00 for the annual registration fee and the additional fee required for a Certificate of Status.

Please send the Certificate of Status to my attention at the address listed above. Should you have any questions, please call me at (610) 388-9600.

Sincerely,

Michael A. Lynam/

Chief Accounting Officer

MAL:dd

Enclosures

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September 1