2000 UNIFORM BUSINESS REPORT (UBR)

M98000000955 DOCUMENT # 100 MAY -3 PM 3: 36 1. Entity Name AIG BAKER SEVEN SPRINGS, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1701 LEE BRANCH LANE 1701 LEE BRANCH LANE **BIRMINGHAM AL 35242** BIRMINGHAM AL 35242-7265 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-1108356 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. 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 MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. ■ AddItion MGRM Change TITLE ☐ Delete TITLE AIG BAKER SHOPPING CENTER PROPERTIES, LLC NAME MAME 1701 LEE BRANCH LANE STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL 35242** CITY- ST-ZIP CITY- ST- ZIP Addition ☐ Dedete TITLE Change TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-8T-ZIP ☐ Deleto TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP ☐ Change ☐ Addition Delete TITLE TITLE RAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Dedete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-8T-ZIP TITLE __ Change Addition | ☐ Delete NAME

STREET ADDRESS

CITY-ST-ZIP

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

CITY-81-ZIP

SIGNATURE:

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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

APPROVED