

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001285

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** THE FALLS SHOPPING CENTER ASSOCIATES LLC

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
C/O CORPORATE PARALEGAL  
INDIANAPOLIS, IN 46204 US

**New Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204 US

**Current Mailing Address:**

225 W. WASHINGTON ST.  
C/O CORPORATE PARALEGAL  
INDIANAPOLIS, IN 46204 US

**New Mailing Address:**

**FEI Number:** 31-1633678      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SUPER REGIONAL HOLDI, NGS I, LLC  
Address: 225 W. WASHINGTON ST.  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: MGR (X) Delete  
Name: SUPER REG. MALLS OPE, RATING COMP LL C  
Address: 225 W. WASHINGTON ST.  
City-St-Zip: INDIANAPOLIS, IN 46204

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SUPER REG. MALLS OPE, RATING COMP LL C  
Address: 225 W. WASHINGTON ST.  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES A. SCHMIDT

AS

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date