

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90024 027 \*\*\*150.00

<b>DOCUMENT # P07000119184</b>					
<b>1. Entity Name</b> STONEBRIDGE PROMENADE SHOPS SPRINGING MEMBER I, INC.					
<b>Principal Place of Business</b> 3700 AIRPORT ROAD SUITE 401 BOCA RATON, FL 33431			<b>Mailing Address</b> 3700 AIRPORT ROAD SUITE 401 BOCA RATON, FL 33431		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2101 W Commercial Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2800			
City & State		City & State Fort Lauderdale, FL		<b>4. FEI Number</b> 26-1388074	
Zip	Country	Zip 33309	Country US	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FORMAN, ROBERT S ESQUIRE 2101 WEST COMMERCIAL BOULEVARD SUITE 2800 FORT LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHIMM, KENNETH L <input type="checkbox"/> Delete 3700 AIRPORT ROAD, SUITE 401 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Kenneth L. Shimm, President			4/1/08 561-391-1751 <small>Date Daytime Phone #</small>		