

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029503

Entity Name: BRIXMOR GA FASHION SQUARE-ORANGE PARK, LLC**Current Principal Place of Business:**420 LEXINGTON AVENUE, 7TH FLOOR
NEW YORK, NY 10170**Current Mailing Address:**420 LEXINGTON AVENUE, 7TH FLOOR
NEW YORK, NY 10170**FEI Number:** 20-4733286**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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

Authorized Person(s) Detail :

Title MGRM
Name BRIXMOR GA PUT PORTFOLIO LLC
Address 420 LEXINGTON AVENUE, 7TH FLOOR
City-State-Zip: NEW YORK NY 10170

Title CFO, PRESIDENT
Name PAPPAGALLO, MICHAEL V
Address 420 LEXINGTON AVENUE, 7TH FLOOR
City-State-Zip: NEW YORK NY 10170

Title EVP, CAO, TREASURER
Name SPLAIN, STEVEN
Address 420 LEXINGTON AVENUE, 7TH FLOOR
City-State-Zip: NEW YORK NY 10170

Title EVP, PRESIDENT-SOUTH REGION
Name WORLEY, MARK
Address 420 LEXINGTON AVENUE, 7TH FLOOR
City-State-Zip: NEW YORK NY 10170

Title CEO
Name CARROLL, MICHAEL
Address 420 LEXINGTON AVENUE, 7TH FLOOR
City-State-Zip: NEW YORK NY 10170

Title EVP, GC, SECRETARY
Name SIEGEL, STEVEN
Address 420 LEXINGTON AVENUE, 7TH FLOOR
City-State-Zip: NEW YORK NY 10170

Title EVP
Name BRUCE, TIMOTHY
Address 420 LEXINGTON AVENUE, 7TH FLOOR
City-State-Zip: NEW YORK NY 10170

Title EVP
Name CARVER, CHARLIE
Address 420 LEXINGTON AVENUE, 7TH FLOOR
City-State-Zip: NEW YORK NY 10170

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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN SIEGEL**SECRETARY****04/30/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name JAMBOIS, ROBERT
Address 420 LEXINGTON AVENUE, 7TH FLOOR
City-State-Zip: NEW YORK NY 10170

Title ASST. SECRETARY
Name BISHOP, CHRISTOPHER
Address 420 LEXINGTON AVENUE, 7TH FLOOR
City-State-Zip: NEW YORK NY 10170