

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042030

FILED
Jan 17, 2007
Secretary of State

Entity Name: TAMARAC SHOWPLACE OUTPARCEL, L.L.C.

Current Principal Place of Business:

201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2000 S DIXIE HWY
SUITE 100
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-2474456 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134 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: MGR () Delete
Name: FIELDSTONE, RONALD
Address: 201 ALHAMBRA CIRCLE, STE 601
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: GOUGHAM, LEO
Address: 450 W PARK RD. #403
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: AGHA, MICHAEL
Address: 6301 COLLINS AVE. #2505
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD R. FIELDSTONE

MGR

01/17/2007

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