


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-08-2007 90142 017 ****50.00

DOCUMENT # L99000001350			
1. Entity Name SHOPPES OF BLUE LAKE, LLC			
Principal Place of Business 947 CLINT MOORE ROAD BOCA RATON, FL 33487		Mailing Address 947 CLINT MOORE ROAD BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
947 HEISE, MARTIN P 947 CLINT MOORE ROAD BOCA RATON, FL 33487		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MEMBER NAME BERSON, GERALD S STREET ADDRESS 947 CLINT MOORE ROAD CITY - ST - ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE MEMBER NAME MANAGING MEMBER STREET ADDRESS 947 Clint Moore Rd CITY - ST - ZIP BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MEMBER NAME HEISE, MARTIN P STREET ADDRESS 947 CLINT MOORE ROAD CITY - ST - ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE MEMBER NAME MANAGING MEMBER STREET ADDRESS 947 Clint Moore Rd CITY - ST - ZIP BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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 owner of a trust or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Martin P Heise</i>		Date: 2/1/07 Daytime Phone #: 061 997 0045	