

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

02-01-2008 90048 005 \*\*\*138.75

2/  
2

**DOCUMENT # L99000001350**  
 1. Entity Name  
**SHOPPES OF BLUE LAKE, LLC**



Principal Place of Business 2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431	Mailing Address 2200 NW 2 AVENUE, SUITE 220 BOCA RATON, FL 33431
--	--

**30003756**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>65-0902322</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HEISE, MARTIN P**  
 2200 NW 2 AVENUE, SUITE 220  
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make Check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	<del>BERSON, GERALD S</del> 2200 NW 2 Ave, Ste 220 Boca Raton, FL 33431	MGRM - Gerald S Berson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<del>HEISE, MARTIN P</del> 2200 NW 2 Ave, Ste 220 Boca Raton, FL 33431	MGRM - Martin P Heise	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Handwritten notes: See New Address (twice)*

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 receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *[Signature]* Date: *1/30/08* Phone: *561-991-0045*