


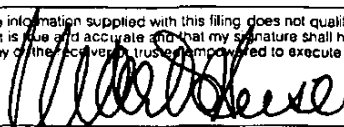
FILED
Mar 14, 2007 8:00 am
Secretary of State

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02-08-2007 90142 012 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

J000440

DOCUMENT # L99000001353					
1. Entity Name BOYNTON SHOPPES, 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		4. FEI Number 65-0902318	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
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	<input type="checkbox"/> Delete	TITLE	Managing Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERSON, GERALD S		NAME	947 Clint Moore Rd	
STREET ADDRESS	947 CLINT MOORE ROAD		STREET ADDRESS	947 Clint Moore Rd	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	MEMBER	<input type="checkbox"/> Delete	TITLE	Managing Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISE, MARTIN P		NAME	947 Clint Moore Rd	
STREET ADDRESS	947 CLINT MOORE ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 of the above named trust, authorized to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		Date: 2/1/07		Debit Phone #: 941 997 0045	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					