## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000044434

Entity Name: SHOPS OF MARGATE, LLC.

BOCA RATON, FL 33432

City-St-Zip:

FILED Apr 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 48 E. ROYAL PALM ROAD BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 48 E. ROYAL PALM ROAD BOCA RATON, FL 33432 FEI Number: 20-8366698 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBINSON, MORRIS 48 E. ROYAL PALM ROAD BOCA RATON, FL 33432 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition ( ) Delete ROBINSON, MORRIS Name: Name: 48 E. ROYAL PALM ROAD Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: MGR Title: MGRM (X) Change ( ) Addition ( ) Delete ROBINSON, CHARLOTTE Name: ROBINSON, CHARLOTTE Name: Address: 48 EAST ROYAL PALM RD Address: 48 EAST ROYAL PALM RD City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: MGR () Delete Title: MGRM (X) Change ( ) Addition BRAMNICK, HINDA BRAMNICK, HINDA Name: Name: Address: 48 EAST ROYAL PALM RD Address: 48 EAST ROYAL PALM RD City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: MGR ( ) Delete Title: MGRM (X) Change ( ) Addition Name: ROBINSON-ADAMSON, HARRIET Name: ROBINSON-ADAMSON, HARRIET Address: 48 EAST ROYAL PALM RD Address: 48 EAST ROYAL PALM RD City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: MGR () Delete Title: MGRM (X) Change ( ) Addition ROBINSON, PHYLLIS ROBINSON, PHYLLIS Name: Name: 48 EAST ROYAL PALM RD 48 EAST ROYAL PALM RD Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: (X) Delete Title: () Change () Addition ROBINSON, JOSHUA Name: Name: Address: 48 EAST ROYAL PALM RD Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: MORRIS ROBINSON MGR 04/20/2009