

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90006 021 \*\*\*\*50.00

**DOCUMENT # L00000000748**

1. Entity Name  
**THE SHOPPES OF NORTH BAY VILLAGE, LLC**



Principal Place of Business  
**1320 S. DIXIE HIGHWAY  
SUITE 781  
CORAL GABLES, FL 33146**

Mailing Address  
**1320 S. DIXIE HIGHWAY  
SUITE 781  
CORAL GABLES, FL 33146**

**20032056**



2. Principal Place of Business

3. Mailing Address

**7301 SW 57 COURT**

**7301 SW 57 COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 565**

**# 565**

City & State  
**SOUTH MIAMI, FL**

City & State  
**SOUTH MIAMI, FL**

Zip  
**33143**

Country  
**USA**

Zip  
**33143**

Country  
**USA**

03292006

Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**52-2229761**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, GARY L ESQ.  
4000 HOLLYWOOD BOULEVARD, #265-S  
HOLLYWOOD, FL 33021**

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

**GARY L. BROWN**

**4/6/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
GREENWALD, SCOTT  
1920 S. DIXIE HIGHWAY  
CORAL GABLES, FL 33146** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**7301 SW 57 COURT, # 565  
SOUTH MIAMI, FL 33143** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4.0506 305.667.2225**