2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 18, 2006 8:00 am
Secretary of State

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

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03292006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L00000000748

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

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

2. Principal Place of Business	3. Mailing Address
7301 SW 57 Court	7301 SW 57 Court
Suite, Apt. #, etc. # 565	Suite, Apt. #, etc. # 565
City & State SOUTH MIAMI, FL	City & State SOUTH MIAMI, FL
Zip 33143 Country USA	Zip 33143 Country USA

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	7. Name and Address of New Registered Agent
BROWN, GARY L ESQ. 4000 HOLLYWOOD BOULEVARD, #265-S HOLLYWOOD, FL 33021	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 ~~1820 S. DIXIE HIGHWAY~~ CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 7301 SW 57 Court, # 565 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME 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: 4/05/06 305.667.2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #