

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

0018545

**DOCUMENT # L00000000748**

1. Entity Name

**THE SHOPPES OF NORTH BAY VILLAGE, LLC**



04-03-2003 90020 004 \*\*\*\*50.00

|  |  |
|--|--|
| Principal Place of Business<br>1320 S. DIXIE HIGHWAY<br>SUITE 781<br>CORAL GABLES FL 33146 | Mailing Address<br>1320 S. DIXIE HIGHWAY<br>SUITE 781<br>CORAL GABLES FL 33146 |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



CHECK HERE IF MAKING CHANGES

|                                    |             |                |
|------------------------------------|-------------|----------------|
| 4. FEI Number<br><b>52-2229701</b> | APPLIED FOR | Applied For    |
|                                    |             | Not Applicable |

|                                  |                          |                                       |
|----------------------------------|--------------------------|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|----------------------------------|--------------------------|---------------------------------------|

|  |  |  |             |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent<br><b>BROWN, GARY L ESQ.<br/>4000 HOLLYWOOD BOULEVARD, #265-S<br/>HOLLYWOOD FL 33021</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>GREENWALD, SCOTT<br/>1320 S. DIXIE HIGHWAY<br/>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **SIGNATURE REQUIRED** **3/28/03 (203) 607-2225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)