2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2005 08:00 AM Secretary of State

321-793-9888 Dayame Phone #

		_ 1481	, 	E	CC
1. Entily Nan	MENT # L0100000 ne ND SHOPPES, L.C.	0326		Sec	retary of State
Principal Plac	ce of Business	Mailing Address	<u> </u>]	
575 S WICKHAM RD		575 S WICKHAM RD			
SUITE E West Melb	OURNE, FL 32904	SUITE E WEST MELBOURNE, FL 32904	ı	 	ANIA DANI BUGS INIB IATA BUBBA IN 1881
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C	O NOT WRITI	E IN THIS SPA	CE	01042005No Chg-LLC 4. FEI Number	CR2E083 (10/03) Applied For
				59-2827484	Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Currer	t Registered Agent			, ,
CLARK, COY A 575 S WICKHAM RD				DO NOT W	RITE
SUITE E WEST MELBOURNE, FL 32904				IN THIS SP	ACE
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its register	ed office or register	ed agent, or both, in the State of Flor	ida. I am familiar with, and accept
CICALATION					
SIGNATURE.	Signature, typod or printed name of registered age	it and title dispolicable. (NOTE: Registero	d Agent signature required	when renstaing)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2005	· · · · · · · · · · · · · · · · · · ·			
9.	MANAGING MEME	BERS/MANAGERS	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
TITLE	MGRM				
NAME STREET ADDRESS	CLARK, COY A 575 SO. WICKHAM ROAD-STI	= F ⁻		linonna	7)000004
CITY-ST-ZIP	WEST MELBOURNE, FL 3290				299891 80129-005 50.00
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NAME STREET ADDRESS	}				
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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: ______ CL___ CL___ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE