

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009811

FILED
Feb 22, 2005
Secretary of State

Entity Name: THE SHOPPES AT 41ST STREET LLC

Current Principal Place of Business:

% ADIR SHOSHAN
3500 MYSTIC POINTE DRIVE, UNIT 3706
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

9600 NW 25TH STREET
SUITE 2C
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-1119904 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARCUS, ALAN J
SUITE 301
20803 BISCAYNE BOULEVARD
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: THE SHOPPES AT 41ST, STREET, INC.
Address: 3500 MYSTIC POINTE DRIVE, UNIT 3706
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: SHOSHAN, ADIR
Address: 3500 MYSTIC POINTE DRIVE, UNIT 3706
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: SHOSHAN, AMOS
Address: 3500 MYSTIC POINTE DRIVE, UNIT 3706
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: AMOS SHOSHAN

MGRM

02/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date