
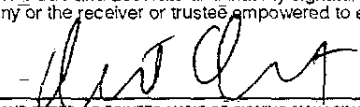


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Jul 21, 2005 08:00 AM**  
**Secretary of State**

|   |   |  |         |   |  |
|---|---|--|---------|---|--|
| <b>DOCUMENT # L01000020169</b><br>1. Entity Name<br><b>MY FAVORITE SHOPS, LLC</b>   |   |  |         |    |  |
| Principal Place of Business<br><b>28 NE 1ST AVE.<br/>HALLANDALE FL 33009</b>  |   | Mailing Address<br><b>28 NE 1ST AVE.<br/>HALLANDALE FL 33009</b> |         |   |  |
| 2. Principal Place of Business<br>Suite, Apt #, etc.  |   | 3. Mailing Address<br>Suite, Apt #, etc.                         |         |   |  |
| City & State  |   | City & State   |         | 4. FEI Number <b>65-1154986</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
| Zip   | Country   | Zip  | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DAVIDOWITZ, ROBERT<br/>28 NE 1ST AVE.<br/>HALLANDALE FL 33009</b>   |   |  |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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)<br><small>Signature, typed or printed name of registered agent and title if applicable</small> <div style="float: right;">DATE _____</div>   |   |  |         |   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>  |   |  |         |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |  |         | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | P <b>DAVIDOWITZ, ROBERT</b><br><b>28 NE 1ST AVE</b><br><b>HALLANDALE FL 33009</b> <input type="checkbox"/> Delete |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000373906</b><br><b>07/21/05-80004-010 50.00</b> |
| 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  |
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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)(f), 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. |   |  |         |   |  |
| <b>SIGNATURE:</b>    |   |  |         | <b>7/15/05</b> <b>954-458-2</b>   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  |         | <small>Date Daytime Phone #</small>   |  |