

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90176 040 ****55.00

DOCUMENT # L01000020288

1. Entity Name
LAKE MARY SHOPPES, LLC



Principal Place of Business
2701 MAITLAND CENTER PKWY
STE 225
MAITLAND, FL 32751

Mailing Address
2701 MAITLAND CENTER PKWY
STE 225
MAITLAND, FL 32751



03222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3757035

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEIN, CLIFFORD L
2701 MAITLAND CENTER PKWY STE 225
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CLIFFORD, STEIN L
2701 MAITLAND CENTER PKWY STE 225
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STEIN, LAWRENCE H
2701 MAITLAND CENTER PKWY STE 225
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BERMAN, REID S
2701 MAITLAND CENTER PKWY STE 225
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-27-07

659-0120