

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000032637

1. Entity Name
SHOPPES OF COOPER CITY II, L.L.C.



Principal Place of Business
1320 S. DIXIE HIGHWAY SUITE 781
CORAL GABLES, FL 33146

Mailing Address
1320 S. DIXIE HIGHWAY SUITE 781
CORAL GABLES, FL 33146

FILED
Mar 12, 2005 08:00 AM
Secretary of State



03072005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
46-0519865

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, GARY L ESQ.
400 HOLLYWOOD BLVD., SUITE 265-S
HOLLYWOOD, FL 33021

**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 reinstalling)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GREENWALD, SCOTT A
STREET ADDRESS	1320 S. DIXIE HIGHWAY SUITE 781
CITY-ST-ZIP	CORAL GABLES, FL 33146

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03/14/05-80031-014 50.00

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IN THIS SPACE**

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

SCOTT GREENWALD

Date

3/10/2005

Daytime Phone #