

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90006 023 ****50.00

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**

2. Principal Place of Business

**7301 SW 57th Court
Suite, Apt. #, etc.
565**

3. Mailing Address

**7301 SW 57th Court
Suite, Apt. #, etc.
565**



03292006 Chg-LLC CR2E083 (11/05)

City & State
SOUTH MIAMI, FL
Zip **33143** Country **USA**

City & State
SOUTH MIAMI, FL
Zip **33143** Country **USA**

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

GARY L. BROWN

(NOTE: Registered Agent signature required when reinstating)

4/3/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **7301 SW 57th Court, # 565**
STREET ADDRESS **SOUTH MIAMI, FL 33143**
CITY-ST-ZIP **33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/5/06

305-667-2225