07-05-2005 90003 021 ****55.00
L03000017605

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 SEP -7 P 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20061230

DOCUMENT # L03000017605

1. Entity Name
KENDALL SHOPPES, L.L.C.

Principal Place of Business	Mailing Address
7700 NORTH KENDALL DRIVE, SUITE 508B MIAMI, FL 33156	7700 NORTH KENDALL DRIVE, SUITE 508B MIAMI, FL 33156

06302005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2431331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, BRUCE
12515 NORTH KENDALL DRIVE, SUITE 314
MIAMI, FL 33186

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ Delete GREENSTEIN, SIDNEY H 7700 NORTH KENDALL DRIVE, SUITE 508B MIAMI, FL 33156	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☐ Delete NEWMAN, JEROME 7700 NORTH KENDALL DRIVE, SUITE 508B MIAMI, FL 33156	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☐ Delete NEWMAN, BRUCE 7700 NORTH KENDALL DRIVE, SUITE 508B MIAMI, FL 33156	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition acc

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.

(561) 488-7678

SIGNATURE: JEROME NEWMAN 6/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
MANAGING PARTNER