

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000017605

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



Principal Place of Business

7700 NORTH KENDALL DRIVE, SUITE 508B  
MIAMI, FL 33156

Mailing Address

7700 NORTH KENDALL DRIVE, SUITE 508B  
MIAMI, FL 33156



02112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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, 2006**

UD0000441006  
03/03/06-80018-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GREENSTEIN, SIDNEY H
STREET ADDRESS	7700 NORTH KENDALL DRIVE, SUITE 508B
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	V
NAME	NEWMAN, JEROME
STREET ADDRESS	7700 NORTH KENDALL DRIVE, SUITE 508B
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	S
NAME	NEWMAN, BRUCE
STREET ADDRESS	7700 NORTH KENDALL DRIVE, SUITE 508B
CITY-ST-ZIP	MIAMI, FL 33156
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

2/17/06 (511) 488 2608  
Date Signature Printed