

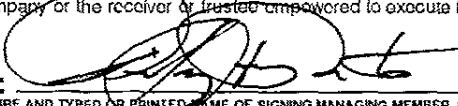


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000017605</b> 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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		1st MOORE CR2E083 (10/06)	
		4. FEI Number 56-2431331	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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: 1/31/07	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	P GREENSTEIN, SIDNEY H 7700 NORTH KENDALL DRIVE, SUITE 508B MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY ST ZIP	U00000620848 02/09/07-80054-004 50.00
TITLE NAME STREET ADDRESS CITY ST ZIP	V 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 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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date: _____ Daytime Phone #: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			