

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90031 006 ****55.00

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04122006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000032451					
1. Entity Name CITY SHOPPING CENTERS, LLC					
Principal Place of Business 5660-5682 WASHINGTON ST HOLLYWOOD, FL 33020			Mailing Address 208 SOUTH 28TH AVENUE HOLLYWOOD, FL 33020		
2. Principal Place of Business		3. Mailing Address C/O ROSTAMIAN			
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO Box 840306			
City & State		City & State Pembroke Pines, FL			
Zip	Country	Zip	Country	4. FEI Number 56-2437249	
		33084	US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STORCH, HERBERT F 120 S. UNIVERSITY DRIVE, #F PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name BEN ROSTAMIAN Street Address (P.O. Box Number is Not Acceptable) 8359 BEACON BLVD Suite 415 City FT MYERS FL Zip Code 33907		
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 <u>BEN ROSTAMIAN MGRM</u> <u>Be</u> <u>04-30-2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSTAMIAN, BEN 208 SOUTH 28TH AVENUE HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
			8359 BEACON BL #415 FT MYERS, FL 33907		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSTAMIAN, MANDANA 208 S 28 AVE HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
			8359 BEACON BL #415 FT MYERS, FL 33907		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>BEN ROSTAMIAN</u>			<u>04-30-2006</u> <u>754-423-7100</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		