

04-28-2008 90057 041 ***138.75

DOCUMENT # L03000032451

1. Entity Name
CITY SHOPPING CENTERS, LLC

Principal Place of Business
5660-5682 WASHINGTON ST
HOLLYWOOD, FL 33020

Mailing Address
C/O ROSTAMIAN
POB 840306
HOLLYWOOD, FL 33084

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

04212008Chg-LLCCR2E083 (12/06)

4. FEI Number
56-2437249

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

6. Name and Address of Current Registered Agent
ROSTAMIAN, BEN
8359 BEACON BLVD STE 415
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent
Name
ROSTAMIAN, BEN
Street Address (P.O. Box Number is Not Acceptable)
2800 GLADES CIR #154
CityWESTONFLZip Code33327

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.
SIGNATUREB. RostamianBEN ROSTAMIANDATEApr 22, 2008

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS
TITLENAMESTREET ADDRESSCITY-ST-ZIP
MGRMROSTAMIAN, BEN8359 BEACON BLVD 415FORT MYERS, FL 33907
MGRROSTAMIAN, MANDANA8359 BEACON BLVD 415FORT MYERS, FL 33907

10. ADDITIONS/CHANGES
TITLENAMESTREET ADDRESSCITY-ST-ZIP
2800 GLADES CIR #154WESTON, FL 33327
2800 GLADES CIR #154WESTON, FL 33327

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: B. RostamianBEN ROSTAMIAN4-22-08754-423-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVEDateDaytime Phone #