

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90042 031 ****50.00

DOCUMENT # L04000054805

1. Entity Name
SHOPS AT DOWLEN, LLC



Principal Place of Business
1730 EAST COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334

Mailing Address
1730 EAST COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNN, MARK J
C/O ROBERT S. FORMAN, P.A.
2101 WEST COMMERCIAL BOULEVARD SUITE 4800
FORT LAUDERDALE, FL 33309

Name
Robert S. Forman, Esquire

Street Address (P.O. Box Number is Not Acceptable)
Robert S. Forman, P. A.

2101 W. Commercial Blvd., Suite 2800

City Fort Lauderdale

FL Zip Code
33309

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

Robert S. Forman

7/11/06

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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
DOWLEN MANAGER, LLC
1730 EAST COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/11/06

954-492-1985

Date

Daytime Phone #