


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90225 047 \*\*\*138.75

**DOCUMENT # L04000054805**

1. Entity Name  
**SHOPS AT DOWLEN, LLC**



Principal Place of Business      Mailing Address  
**3700 AIRPORT RD**                      **3700 AIRPORT RD**  
**SUITE 401**                                      **SUITE 401**  
**BOCA RATON, FL 33431**                      **BOCA RATON, FL 33431**

**00020078**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2101 W Commercial Blvd**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 2800**

03202008    Chg-LLC    CR2E083 (12/06)

City & State      City & State  
**Fort Lauderdale, FL**

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

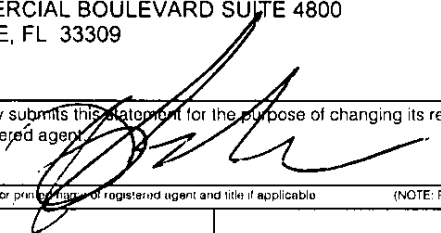
Zip      Country      Zip      Country  
**33309**      **US**

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

6. Name and Address of Current Registered Agent  
**FORMAN, ROBERT S ESQ**  
**C/O ROBERT S. FORMAN, P.A.**  
**2101 WEST COMMERCIAL BOULEVARD SUITE 4800**  
**FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent  
 Name  
**Robert S. Forman, Esquire**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Forman & Altino, P.A.**  
**2101 W Commercial Blvd., Suite 2800**  
 City      State      Zip Code  
**Fort Lauderdale, FL 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       DATE **4/1/08**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. <input type="checkbox"/> Delete <b>DOWLEN MANAGER, LLC</b> <b>3700 AIRPORT RD SUITE 401</b> <b>BOCA RATON, FL 33431</b>	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
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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       DATE **4/1/08**      DAYTIME PHONE # **561-391-1751**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Kenneth L. Shimm, Managing Member**