

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061688

FILED  
Jan 05, 2008  
Secretary of State

**Entity Name:** THE SHOPPES AT PRIMA VISTA, LLC

**Current Principal Place of Business:**

377 MAIN STREET  
WEST HAVEN, CT 06516

**New Principal Place of Business:**

**Current Mailing Address:**

377 MAIN STREET  
WEST HAVEN, CT 06516

**New Mailing Address:**

**FEI Number:** 20-1526750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NAVARETTA, STEPHEN ESQ.  
1100 SW ST. LUCIE WEST BLVD., #203  
PORT ST. LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

MEYERS, LEONARD  
7485 BONDSBERRY COURT  
BOCA RATON, FL 33434 US

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.

**SIGNATURE:** LEONARD MEYERS

01/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MEYERS, LEONARD  
**Address:** 7485 BONDSBERRY COURT  
**City-St-Zip:** BOCA RATON, FL 33434

**Title:** MGRM ( ) Delete  
**Name:** PFH MORTGAGE, LLC,  
**Address:** 377 MAIN STREET  
**City-St-Zip:** WEST HAVEN, CT 06516

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** KENNETH S. GINSBERG

MGRM

01/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date