


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 26, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000065493 1. Entity Name DOWNTOWN SHOPS, LLC |  |
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|--|---|
| Principal Place of Business 16375 NE 18 AVENUE SUITE 304 NORTH MIAMI BEACH, FL 33162 | Mailing Address 19333 COLLINS AVE STE 406 SUNNY ISLES BEACH, FL 33160 |
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03152006 No Chg- LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|-------------------------------|
| 4. FEI Number 20-1721575 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

**JAFDIE, JOSE
19333 COLLINS AVE STE 406
SUNNY ISLES, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SAFDIE, JOSE 16375 NE 18 AVENUE, SUITE 304 NORTH MIAMI BEACH, FL 33162 |
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U00000566192
05/26/06-80003-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #