
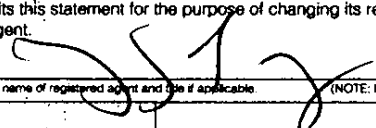
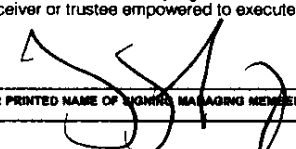


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90346 016 \*\*\*\*50.00

<b>DOCUMENT # L04000065493</b>					
<b>1. Entity Name</b> DOWNTOWN SHOPS, LLC					
<b>Principal Place of Business</b> 16375 NE 18 AVENUE SUITE 304 NORTH MIAMI BEACH, FL 33162			<b>Mailing Address</b> 19333 COLLINS AVENUE 406 SUNNY ISLES BEACH, FL 33160		
<b>2. Principal Place of Business - No P.O. Box #</b> 16375 NE 18TH		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. AVE, STE 322		Suite, Apt. #, etc.			
<b>City &amp; State</b> N.M. BEACH FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-1721575	
<b>Zip</b> 33162		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> JAFDIE, JOSE 19333 COLLINS AVE STE 406 SUNNY ISLES, FL 33160			<b>7. Name and Address of New Registered Agent</b> Name: SAFDIE, JOSE Street Address (P.O. Box Number is Not Acceptable): 19333 COLLINS AVE # 406 City: SUNNY ISLES BEACH FL Zip Code: 33160		
<b>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.</b>					
<b>SIGNATURE</b> 			DATE: 04/07/02		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SAFDIE, JOSE 16375 NE 18 AVENUE; SUITE 304 NORTH MIAMI BEACH, FL 33162		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	
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	
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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					