
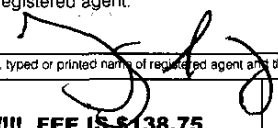


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90119 021 ***138.75

DOCUMENT # L04000065493			
1. Entity Name DOWNTOWN SHOPS, LLC			
Principal Place of Business 16375 NE 18 AVENUE SUITE 322 NORTH MIAMI BEACH, FL 33162		Mailing Address 19333 COLLINS AVESTE 406 SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business - No P.O. Box # 19390 COLLINS AVE # 525 A		3. Mailing Address 19390 COLLINS AVE # 525 A, 33160	
City & State SUNNY ISLES, FL		City & State SUNNY ISLES, FL	
Zip 33160		Zip 33160	
Country USA		Country USA	
4. FEI Number 20-1721575		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAFDIE, JOSE 19333 COLLINS AVE STE 406 SUNNY ISLES, FL 33160		7. Name and Address of New Registered Agent Name SAFDIE, JOSE Street Address (P.O. Box Number is Not Acceptable) 19390 COLLINS AVE # 525 A City SUNNY ISLES FL Zip Code 33160	
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 1/17/08	
SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAFDIE, JOSE 16375 NE 18 AVENUE; SUITE 304 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAFDIE, JOSE 19390 COLLINS AVE # 525 A (33160) SUNNY ISLES, FL <input checked="" 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
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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:  **1/17/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #