


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90021 027 ****50.00

DOCUMENT # L04000091014	
1. Entity Name SHOPS OF 26TH STREET, L.L.C.	

Principal Place of Business PO BOX 550638 FT. LAUDERDALE, FL 33355	Mailing Address PO BOX 550638 FT. LAUDERDALE, FL 33355
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2. Principal Place of Business 3300 N. FEDERAL HWY Suite, Apt. #, etc. # 250	3. Mailing Address 3300 N. Federal Hwy Suite, Apt. #, etc. # 250
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City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33306	Zip 33306
Country USA	Country USA



02012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2481787		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 BROWN, GARY L ESQ PHILLIPS, EISINGER & BROWN, P.A. 4000 HOLLYWOOD BOULEVARD, STE. 265-S HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

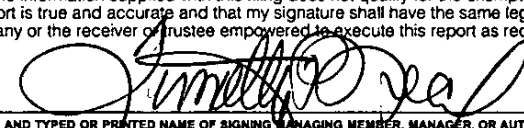
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, GARY L PO BOX 550638 FT. LAUDERDALE, FL 33355 <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	MGR TIMOTHY P. NEAL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIMOTHY P. NEAL 3300 N. FEDERAL HWY, # 250 FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Change <input checked="" 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

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:  3/20/06 954 568-0530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #