

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90056 024 \*\*\*\*50.00

DOCUMENT # L04000091117  
 1. Entity Name  
 SHOPS AT BOCA, LLC



Principal Place of Business      Mailing Address  
 555 SW ANDREWS AVENUE      555 SW ANDREWS AVENUE  
 SUITE 101      SUITE 101  
 POMPANO BEACH, FL 33069 US      POMPANO BEACH, FL 33069 US

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-2041539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ZIFRONY, MATTHEW ESQ.  
 C/O TRIPP SCOTT, P.A.  
 110 SE 6TH STREET, 15TH FLOOR  
 FORT LAUDERDALE, FL 33301

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUSA, MARCO 8000 NORTH FEDERAL HWY., STES. 204/205 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAMINSKY, GARY 555 SW ANDREWS AVENUE, STE. 101 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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: *Gary Kaminsky*      *4-18-06*      *954-933-0421*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #