


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000091117 1. Entity Name SHOPS AT BOCA, LLC	
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Principal Place of Business 555 SW ANDREWS AVENUE SUITE 101 POMPANO BEACH, FL 33069 US	Mailing Address 555 SW ANDREWS AVENUE SUITE 101 POMPANO BEACH, FL 33069 US
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DO NOT WRITE IN THIS SPACE



04222008No Chg-LLC CR2E083 (12/07)

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

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

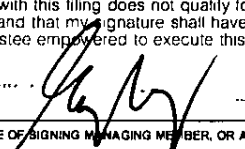
U00000936535
 05/27/08-80014-019 138.75

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  _____

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