
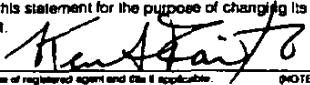



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90043 008 \*\*\*\*50.00

<b>DOCUMENT # L05000018729</b>			
1. Entity Name <b>MIAMI GARDENS SHOPPING CENTER, L.L.C.</b>			
Principal Place of Business <b>18837 BISCAYNE BLVD. AVENTURA, FL 33180</b>		Mailing Address <b>18837 BISCAYNE BLVD. AVENTURA, FL 33180</b>	
2. Principal Place of Business <b>1933 TIGERTAIL BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>1933 TIGERTAIL BLVD</b> Suite, Apt. #, etc.	
City & State <b>DANIA BEACH FL</b>		City & State <b>DANIA BEACH FL</b>	
Zip <b>33004</b>	Country <b>USA</b>	Zip <b>33004</b>	Country <b>USA</b>
4. FEI Number <b>20-2411360</b>		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		7. Name and Address of New Registered Agent	
<b>FAITH, KEVIN 1933 TIGERTAIL BOULEVARD DANIA BEACH, FL 33004</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 		DATE <b>4/5/06</b>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KEVIN FAITH 1933 TIGERTAIL BLVD. DANIA BEACH, FL 33004</b> <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	<b>MGR JACOB SHAKIS-PAJAH 4275 N. MERIDIAN AVE. MIAMI BEACH, FL 33140</b> <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 606, Florida Statutes.			
SIGNATURE: 		DATE <b>4/5/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	