## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000018729

Entity Nam.

MIAMI GARDENS SHOPPING CENTER, L.L.C.



Principal Place of Business

1933 TIGERTAIL BLVD DANIA, FL 33004 US Mailing Address

1933 TIGERTAIL BLVD DANIA, FL 33004 US FILED Feb 12, 2007 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2411360	 Applied For Not Applicab
5. Certificate of Status Desired	00 Additional Required

6. Name and Address of Current Registered Agent

FAITH, KEVIN 1933 TIGERTAIL BOULEVARD DANIA BEACH, FL 33004

## DO NOT WRITE IN THIS SPACE

: :	ACH, FL 33004	IN THIS	SPACE
	named entity submits this statement for the purpose of cha ons of registered agent.	anging its registered office or registered agent, or both, in the St.	ate of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi	ling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGRM FAITH, KEVIN 1933 TIGERTAIL BLVD. DANIA, FL 33004		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUAKIB-PANAH, JACOB 7275 N. MERIDIAN AVE. MIAMI BEACH, FL 33140	02/20	0000631795 707-80062-005/50.007
TITLE NAME STREET ADDRESS GITY-ST-ZIP		DO NO	r write
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE			

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 accorate 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 processor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1 -1.01

954-922-7847

Daytime Phor