

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018729

FILED
Mar 12, 2009
Secretary of State

Entity Name: MIAMI GARDENS SHOPPING CENTER, L.L.C.

Current Principal Place of Business:

SUITE 118
2627 NE 203RD ST.
AVENTURA, FL 33180 US

Current Mailing Address:

SUITE 118
2627 NE 203RD ST.
AVENTURA, FL 33180 US

FEI Number: 20-2411360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAITH, KEVIN
1933 TIGERTAIL BOULEVARD
DANIA BEACH, FL 33004 US

New Principal Place of Business:

2627 NE 203RD ST
SUITE 118
AVENTURA, FL 33180 US

New Mailing Address:

2627 NE 203RD ST
SUITE 118
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

FAITH, KEVIN
2627 NE 203RD ST
SUITE 118
AVENTURA, FL 33180 US

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.

SIGNATURE:

03/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FAITH, KEVIN
Address: 2627 NE 203RD ST. #118
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: SUAKIB-PANAH, JACOB
Address: 7275 N. MERIDIAN AVE.
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SUAKIB-PANAH, JACOB
Address: 2627 NE 203RD ST SUITE118
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN FAITH

MGRM

03/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date