

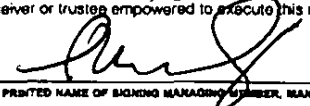


FILED
Jun 23, 2006 8:00 am
Secretary of State

05-04-2006 90031 008 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000026771					
1. Entity Name WESTON SHOPS, LLC					
Principal Place of Business 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432			Mailing Address 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2581379	
				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 DOUGLAS, STEPHEN M 120 E. PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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  (NOTE: Registered Agent signature required when renewing) DATE 4/28/06					
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	TITLE	NAME
	mgr Kenneth H. Simigren	120 E. Palmetto Park Rd #410	Boca Raton, FL 33432		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
	mgr Stephen M. Douglas	120 E. Palmetto Park Rd #410	Boca Raton, FL 33432		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:  DATE 4/28/06 (561) 394-7400					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					