2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026771

Entity Name
 WESTON SHOPS, LLC



Principal Place of Business

Mailing Address

ONE FINANCIAL PLAZA STE 102 FORT LAUDERDALE, FL 33394 ONE FINANCIAL PLAZA STE 102 FORT LAUDERDALE, FL 33394

FILED Apr 22, 2008 08:00 AN Secretary of State



04112008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	Applied For
	20-2581379	Not Applicabl
5.	Certificate of Status Desired	\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOUGLAS, STEPHEN M ONE FINANCIAL PLAZA STE 102 FORT LAUDERDALE, FL 33394

DO NOT WRITE IN THIS SPACE

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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000913918 05/08/08-80033-022_138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR SIMIGRAN, KENNETH H ONE FINANCIAL PLAZA STE 101 FORT LAUDERDALE, FL 33394 MGR DOUGLAS, STEPHEN M	
STREET ADDRESS CITY-ST-ZIP	ONE FINANCIAL PLAZA STE 101 FORT LAUDERDALE, FL 33394	
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CHY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		
11. I hereby certify that the information supplied with this filling does not qualify for the		

DO NOT WRITE IN THIS SPACE

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 of trustee empowered to execute this report as required by Chapter 608. Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Stophen M. Dougles

4-12-08

(G54)727,0390

Daytime Prione