

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043324

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: SHOPPES AT LAKEVIEW II, LLC

**Current Principal Place of Business:**

2801 N. UNIVERSITY DRIVE SUITE 306  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

2801 N. UNIVERSITY DRIVE  
SUITE 306  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

2801 N. UNIVERSITY DRIVE SUITE 306  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

2801 N. UNIVERSITY DRIVE  
SUITE 306  
CORAL SPRINGS, FL 33065

FEI Number: 20-2787045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLFSON, KAREN  
2801 N. UNIVERSITY DRIVE SUITE 306  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

WOLFSON, KAREN  
2801 N. UNIVERSITY DRIVE  
SUITE 306  
CORAL SPRINGS, FL 33065 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:

02/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOLFSON, KAREN  
Address: 2801 N. UNIVERSITY DRIVE SUITE 306  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WOLFSON, KAREN  
Address: 2801 N. UNIVERSITY DRIVE, SUITE 306  
City-St-Zip: CORAL SPRINGS, FL 33065

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: KAREN WOLFSON

MGRM

02/05/2009

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