

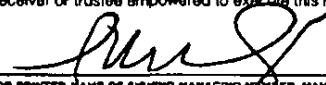


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-04-2006 90031 018 \*\*\*\*50.00

<b>DOCUMENT # L05000058026</b>			
1. Entity Name VERANDA SHOPPES, LLC		Principal Place of Business 120 E. PALMETTO PARK ROAD STE 410 BOCA RATON, FL 33432	
2. Principal Place of Business		3. Mailing Address 120 E. PALMETTO PARK ROAD STE 410 BOCA RATON, FL 33432	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>DOUGLAS, STEPHEN M</b> 120 E. PALMETTO PARK ROAD STE 410 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 		DATE <u>4/28/06</u>	
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	mgr Kenneth H. Simigron 120 E. Palmetto Park Rd #410 Boca Raton, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	mgr Kenneth H. Simigron 120 E. Palmetto Park Rd #410 Boca Raton, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	120 E. Palmetto Park Rd #410 Boca Raton FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		DATE <u>4/28/06</u> (501) 394-7400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

