2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #1 05000060921

FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90035 045 ***138.75

1. Entity Nam	MENT # L05000060 BOR SHOPS LLC	921			04-28-2008	90035 045 ***13	8.75		
Principal Place of Business -CAO-B-8-1-80MMUNICATIONS; ING: 221 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33302 US		Mailing Address P.O. BOX 950 FORT LAUDERDALE, FL 33302-0950 US		1 (88)(8)(8.8)					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012008	Chg-LLC	CR2E083 (12/06)			
City & State		City & State		4. FEI Numbe NOT AP	PLICABLE	——————————————————————————————————————	plied For t Applicable		
Zip .	Country	Zip	Country		of Status Desired	S5.00 Add Fee Required			
·	6. Name and Address of Current	Registered Agent	Nome	7. Name and	Address of New R	legistered Agent			
GADDIS, JESSE P			MITCH	Name MITCHELL, DON Street Address (P.O. Box Number is Not Acceptable) 221 W. OAKLAND PARK BLVD., THIRD FL.					
221 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33302			221 W	. OAKLAN	D' PARK B	LVD., THIR	D FL.		
			Çity			FL Zip Cod			
	named entity submits this statement fo	the purpose of changing its re	F'OR'T .	LAUDERDA: stered agent, or bot	L L, FL h, in the State of Flo				
the obligations of registered agent. SIGNATURE									
Oldin Holle	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature req	uired when reinstating)		DATE	* *		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						e check payable to a Department of State	•		
9.	MANAGING MEMBE	RS/MANAGERS	10.	,	ADDITIONS	/CHANGES			
TITLE	MGR	☐ Delete	TITLE		101	☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	GADDIS, JESSE P 221 WEST OAKLAND PARK BLV FT. LAUDERDALE, FL 33311	/ D.	NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME						
STREET ADDRESS CITY-ST-ZIP			NAME			☐ Change	☐ Addition		
	4		STREET ADDRESS City-St-Zip			∐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		Delete	STREET ADDRESS			☐ Change	Addition		
NAME STREET ADDRESS	:	Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	÷ .		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			□ Çhange	Addition		

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 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytme Phone #
SIGNATURE: JESSE P. GADDIS	4/14/08	(954) 565-8900