
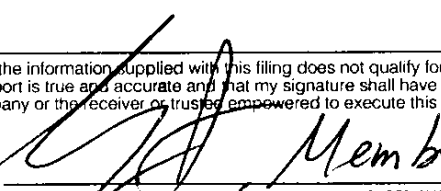


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90372 050 \*\*\*\*55.00

<b>DOCUMENT # L05000110952</b>			
1. Entity Name <b>VILLAGE SQUARE SHOPPING CENTER OF WINTER HAVEN, LLC</b>			
Principal Place of Business <b>6175 N.W. 167 STREET, #G24 MIAMI, FL 33105</b>		Mailing Address <b>P.O. BOX 17-0938 MIAMI, FL 33017</b>	
2. Principal Place of Business - No P.O. Box # <b>2800 Recker Hwy</b>		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>Wink Haven FL</b>		City & State	
Zip <b>33880</b>	Country <b>USA</b>	Zip	Country
4. Name and Address of Current Registered Agent <b>KUKER, HOWARD L 9200 SOUTH DADELAND BOULEVARD, SUITE 508 MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM IBARRA, EDUARDO P.O. BOX 17-0938 MIAMI, FL 33017</b> <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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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
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 608, Florida Statutes.			
SIGNATURE:  Member		Date: <b>3-19-07</b> Daytime Phone #: <b>305 992 303</b>	



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**16-1742678** Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**