2006 LIMITED LIABILITY COMPANY

FILED May 15, 2006 8:00 am Secretary of State

ANNUAL REPURI							~~~~	-		
1. Entity Nam		# L050001183 , LLC	309					****50.00		
Principal Place	e of Business		Mailing Address			26000200				
555 SW 12TH AVENUE			555 SW 12TH AVENUE			ĺ	•			
SUITE 101			SUITE 101			-				
POMPANO BI	each, fl 331	269 US	POMPANO BEACH, FL 33069 US				ENIAN ENIA A ALM A DIN STA	N SINTA KRID ASITI ITAN KASIN IS	ELT DE CH SO TI	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, atc.			02202006	Chg-LLC	CR2E083 (11/05)		
City & State			City & State			45EIAlumbe	<u> </u>	15) N	oplied For of Applicable	
Žip	Country		Zip Count		try	5. Certificate	ol Status Desired	Solution \$5.00 Ad Fee Require		
	6. Name a	nd Address of Current F	tegistered Agent				7. Name and Address of New Registered Agent			
TAYLOR, DANIEL E ESQ.					Name					
C/O TRIPE	SCOTT, F		Street Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE, FL 33301								- 17-0		
	•:		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 Signature, typed or briefed name of regulated agent and little if applicable (INOTE: Regulated Agent signature required when remissaling) DATE										
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	iling Fee Is ue by May 						e chack payable to a Department of Stat	te		
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	CHANGES		
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NAME STREET ADDRESS	SHOPS AT BOCA, LLC ADDRESS 555 SW 12TH AVENUE, SUITE 101				ET ADDRESS					
	CITY-SI-ZP POMPANO BEACH, FL 33069				-51-209					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
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STREET ADDRESS					ET ADORESS					
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11. I hereby contify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statules. 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 (lability company or the receiver or inustee empowered to exceed this report as required by Chapter 608, Florida Statules.										
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