

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90027 043 ***138.75

DOCUMENT # L05000118309

1. Entity Name
SHOPS AT BOCA I, LLC



Principal Place of Business
555 SW 12TH AVENUE **New**
SUITE 101
POMPAÑO BEACH, FL 33069 US

Mailing Address
555 SW 12TH AVENUE **Address**
SUITE 101
POMPAÑO BEACH, FL 33069 US

Ft. Lauderdale, FL 33309
60037132



DO NOT WRITE IN THIS SPACE

04222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3928757

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, DANIEL E ESQ.
C/O TRIPP SCOTT, PA
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SHOPS AT BOCA, LLC
STREET ADDRESS 555 SW 12TH AVENUE, SUITE 101
CITY-ST-ZIP POMPAÑO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____