

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120082

Entity Name: SHOPPES AT TORINO, LLC

FILED  
Mar 11, 2008  
Secretary of State

## Current Principal Place of Business:

12765 FOREST HILL BLVD.  
SUITE 1302  
WELLINGTON, FL 33414

## New Principal Place of Business:

141 MONTE CARLO DR  
PALM BEACH GARDENS, FL 33418

## Current Mailing Address:

12765 FOREST HILL BLVD.  
SUITE 1302  
WELLINGTON, FL 33414

## New Mailing Address:

141 MONTE CARLO DR  
PALM BEACH GARDENS, FL 33418

FEI Number: 20-3949863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARIO G. DE MENDOZA, III, P.A.  
12765 FOREST HILL BLVD.  
SUITE 1302  
WELLINGTON, FL FL US

## Name and Address of New Registered Agent:

TORRES, PEDRO  
141 MONTE CARLO DR  
PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE: PEDRO TORRES

03/11/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LUCAS & TORRES INVES, TMENTS LLC  
Address: 12765 FOREST HILL BLVD.  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LUCAS & TORRES INVES, TMENTS LLC  
Address: 141 MONTE CARLO  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PEDRO TORRES

MGR

03/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date