2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State
01-23-2008 90022 044 ***150.00

60003231

01152008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000016015

1. Entity Name
79 SHOPS LLC

Principal Place of Business	Mailing Address
5835 BLUE LAGOON DRIVE STE 200 MIAMI, FL 33126	5835 BLUE LAGOON DRIVE STE 200 MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
207 East Hillcrest St.		207 East Hillcrest St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL		City & State: Orlando, FL	
Zip: 32801	Country: U.S.	Zip: 32801	Country: U.S.

4. FEI Number: 20-4305051 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAW OFFICES OF ANIBAL J. DUARTE-VIERA, P.A
5835 BLUE LAGOON DRIVE STE 200
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	REISS, EDWARD M	
STREET ADDRESS	5835 BLUE LAGOON DRIVE STE 200	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	MGR	☐ Delete
NAME	CHADDERTON, TREVOR B	
STREET ADDRESS	5835 BLUE LAGOON DRIVE STE 200	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ______________________ 1-17-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

60003331
L06000016015

207 EAST HILLCREST STREET
ORLANDO, FL 32801

January 18, 2008

Florida Department of State

Please change all 6 enclosed to our **NEW MAILING ADDRESS** so that we get our Annual Report notice mailed here. We have been writing every month since August.

207 EAST HILLCREST STREET
ORLANDO, FL 32801

TEL: 407 447-5884
FAX: 407 650-9042
CEESHARK@AOL.COM

KENDALE PLAZA	DOC# L05000119616
THE 79 SHOPS	DOC# L06000016015
EMR HOLDINGS	DOC# P99000090795
KINGS MEADOW	DOC# L07000057371
GET MANAGEMENT	DOC# P95000052707
HIAWASSEE WOODS	DOC# L07000056921

Edward Reiss, Trustee

Coleen Crider