

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031902

FILED  
Jul 11, 2007  
Secretary of State

**Entity Name:** LAUDERDALE LAKES RETAIL, LLC

**Current Principal Place of Business:**

515 EAST PARK AVE.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

3388 N. STATE RD 7  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

515 EAST PARK AVE.  
TALLAHASSEE, FL 32301

**New Mailing Address:**

6679 NEWPORT LAKE CIRCLE  
BOCA RATON, FL 33496

FEI Number: 87-0768993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVE.  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

WEINER, BARBARA MEMBER  
6679 NEWPORT LAKE CIRCLE  
BOCA RATON, FL 33496      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: BARBARA WEINER

07/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WEINER, BARBARA D  
Address: 6679 NEWPORT LAKE CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA WEINER

MBR

07/11/2007

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