

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90065 031 ***143.75

DOCUMENT # L06000032201

1. Entity Name
SHOPPES AT PEMBROKE, LLC



Principal Place of Business
42 BAYVIEW AVE.
C/O MILBROOK PROPERTIES LTD
MANHASSET, NY 11030

Mailing Address
42 BAYVIEW AVE.
C/O MILBROOK PROPERTIES LTD
MANHASSET, NY 11030

50008237



07082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
APPLIED FOR 74-3177463 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, GREGORY
712 U.S. HIGHWAY ONE SUITE 400
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name PIKUS, RUBIN
Street Address (P.O. Box Number is Not Acceptable)
304 Grand Key Terrace
City Palm Beach Gardens **FL** Zip Code 33418

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PIKUS, RUBIN	
STREET ADDRESS	42 BAYVIEW AVE.	
CITY-ST-ZIP	MANHASSET, NY 11030	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KAHN, GARY	
STREET ADDRESS	42 BAYVIEW AVE.	
CITY-ST-ZIP	MANHASSET, NY 11030	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HIRSCH, CHARLES	
STREET ADDRESS	42 BAYVIEW AVE.	
CITY-ST-ZIP	MANHASSET, NY 11030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #

7-10-08

516-869-1240