

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90309 021 \*\*\*\*50.00

DOCUMENT # L06000044434

1. Entity Name

SHOPS OF MARGATE, LLC.



Principal Place of Business

Mailing Address

48 E. ROYAL PALM ROAD  
 BOCA RATON FL 33432

48 E. ROYAL PALM ROAD  
 BOCA RATON FL 33432



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

20-8366698

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, MORRIS  
 48 E. ROYAL PALM ROAD  
 BOCA RATON FL 33432

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MORRIS	NAME	
STREET ADDRESS	48 E. ROYAL PALM ROAD	STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL 33432	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	MGRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROBINSON, CHARLOTTE
STREET ADDRESS		STREET ADDRESS	48 E. ROYAL PALM ROAD
CITY- ST- ZIP		CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> Delete	TITLE	MGRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	BRAMNICK, HINDA
STREET ADDRESS		STREET ADDRESS	48 E. ROYAL PALM ROAD
CITY- ST- ZIP		CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> Delete	TITLE	MGRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROBINSON-ADAMSON, HARRIET
STREET ADDRESS		STREET ADDRESS	48 E. ROYAL PALM ROAD
CITY- ST- ZIP		CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> Delete	TITLE	MGRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROBINSON, PHYLLIS
STREET ADDRESS		STREET ADDRESS	48 E. ROYAL PALM ROAD
CITY- ST- ZIP		CITY- ST- ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> Delete	TITLE	MGRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROBINSON, JOSHUA
STREET ADDRESS		STREET ADDRESS	48 E. ROYAL PALM ROAD
CITY- ST- ZIP		CITY- ST- ZIP	BOCA RATON, FL 33432

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Morris Robinson

4/17/07

Date

561.368.1852

Daytime Phone #