

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017874

FILED
Mar 23, 2009
Secretary of State

Entity Name: TOWN PLAZA SHOPPING CENTER, LLC

Current Principal Place of Business:

401 W. ATLANTIC AVE. SUITE R-12
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

401 W. ATLANTIC AVE. SUITE R-12
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 20-8476134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANON, ROI
401 W. ATLANTIC AVE
SUITE R-12
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DANON ROZEN INVESTME, NTS, LLC
Address: 401 W. ATLANTIC AVE, SUITE R-12
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: MGR () Delete
Name: RAFI COHEN INVESTMEN, TS, LLC
Address: 5055 STILLWATER TERRACE
City-St-Zip: COOPER CITY, FL 33330 US

Title: MGR () Delete
Name: SHAIKH NOLASCO INVES, TMENTS, LLC
Address: 6061 SW 13TH STREET
City-St-Zip: PLANTATION, FL 33317 US

ADDITIONS/CHANGES:

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

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

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: ROI DANON

MGRM

03/23/2009

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