


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90225 003 ***138.75

DOCUMENT # L07000110351	
1. Entity Name STONEBRIDGE PROMENADE SHOPS MANAGER, LLC	

Principal Place of Business 3700 AIRPORT ROAD, #401 BOCA RATON, FL 33431	Mailing Address 3700 AIRPORT ROAD, #401 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2101 W Commercial Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2800
City & State	City & State Fort Lauderdale, FL
Zip	Country
33309	US

60020074



01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent FORMAN, ROBERT S ESQ. FORMAN & ALTINO, P.A. 2101 WEST COMMERCIAL BLVD., SUITE 2800 FORT LAUDERDALE, FL 33309		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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHIMM, KENNETH L 3700 AIRPORT ROAD, #401 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	4/1/08 561-391-1751 Date Daytime Phone #
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Kenneth L. Shimm, Manager