

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-07-2008 90225 005 \*\*\*138.75

**DOCUMENT # L07000114929**

1. Entity Name  
**SHOPPES OF HONEY CREEK 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**

01302008 Chg-LLC CR2E083 (12/06)

City & State

City & State  
**Fort Lauderdale, FL**

4. FEI Number

Applied For  
☒ Not Applicable

Zip

Country

Zip  
**33309**

Country  
**US**

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

**FORMAN, ROBERT S  
2101 WEST COMMERCIAL BLVD., SUITE 2800  
FORMAN & ALTINO, P.A.  
FORT LAUDERDALE, FL 33309**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

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** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

*Kenneth L. Shimm, Manager*

**4/1/08**  
Date

**561-391-1751**  
Daytime Phone #