

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90048 016 \*\*\*\*50.00

**DOCUMENT # L98000001815**

1. Entity Name  
**SIMS CREEK SHOPPING CENTER, LLC**



Principal Place of Business  
**2550 N.W. 72ND AVE., SUITE 101  
MIAMI, FL 33122**

Mailing Address  
**2550 N.W. 72ND AVE., SUITE 101  
MIAMI, FL 33122**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**65-0862750**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**OROVITZ, MARK  
2550 NW 72 AVE  
MIAMI, FL 33-1211**

**DO NOT WRITE  
IN THIS SPACE**

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.

**MARK S. OROVITZ**

**1/5/06**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
OROVITZ, W. JAMES  
13635 DEERING BAY DR., #224  
CORAL GABLES, FL 33158**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

*W. James Orovitz*

**W. James Orovitz**

**1/5/06**

**305 594-9311**

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

Date

Daytime Phone #