

2001 UNIFORM BUSINESS REPORT (UBR)

0012578 AF

DOCUMENT # **L99000005212**

1. Entity Name
SHOPPES OF LIBERTY CITY, LLC

FILED

01 FEB 23 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7491 W. OAKLAND PARK BLVD., STE 306
FT. LAUDERDALE FL 33319

Mailing Address
7491 W. OAKLAND PARK BLVD., STE 306
FT. LAUDERDALE FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**
65-0943458

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

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

REDEVCO ENTERPRISES, INC.
ATTN: DEBRA SINKLE
7491 W. OAKLAND PARK BLVD., STE 306
FT. LAUDERDALE FL 33319
Tamarac

Name **Debra Sinkle Kolsky**
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR REDEVCO ENTERPRISES, INC.
STREET ADDRESS **7491 W. OAKLAND PARK BLVD., STE 306**
CITY-ST-ZIP **FT. LAUDERDALE FL 33319**

TITLE NAME Change Addition
300003783873-4
-02/27/01-01142-010
*******50.00 *****50.00**

TITLE NAME Delete
MEM FANNIE MAE AMERICAN COMMUNITY FUND
STREET ADDRESS **3900 WISCONSIN AVE, NW**
CITY-ST-ZIP **WASHINGTON DC 20016**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Debra Sinkle Kolsky *President of Redevco Enterprises Inc* **2/19/01** **9545720305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)