

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90219 008 ****50.00

DOCUMENT # L99000005212
 1. Entity Name
 SHOPPES OF LIBERTY CITY, LLC



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

24038693

2. Principal Place of Business
1175 NE 125th STREET

3. Mailing Address
1175 NE 125th STREET

Suite, Apt. #, etc.
103



01262004 Chg-LLC CR2E083 (10/03)

City & State
NORTH MIAMI, FL

City & State
NORTH MIAMI, FL

Zip **33161** Country **US**

4. FEI Number
65-0943458

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 REDEVCO ENTERPRISES, INC.
 ATTN: DEBRA SINKLE
 7491 W. OAKLAND PARK BLVD., STE 306
 FT. LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent
 Name
REDEVCO ENTERPRISES, INC.
 Street Address (P.O. Box Number is Not Acceptable)
ATTN: DEBRA SINKLE KOLSKY
1175 NE 125th Street, #103
 City **North Miami, FL** Zip Code **33161**

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 Debra Sinkle Kolsky DATE 3/4/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REDEVCO ENTERPRISES, INC. 7491 W. OAKLAND PARK BLVD., STE 306 FT. LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REDEVCO ENTERPRISES, INC. 1175 NE 125th STREET, #103 NORTH MIAMI, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 / managing member 3/4/04 305-981-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #