2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM Secretary of State

AITI	IOAL REPORT
DOCUMENT # L9900 1. Entity Name SHOPPES OF LIBERTY CITY	
Principal Place of Business 1175 NE 125TH STREET 103 NORTH MIAMI, FL 33161 US	Mailing Address 1175 NE 125TH STREET 103 NORTH MIAMI, FL 33161 US
	The state of the s



DO NOT WRITE IN THIS SPACE

01112006 No Chg-LLC CR2E083 (11/05)

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

ATTN; DI 1175 NE 1 NORTH M	DENTERFRISES, INC. EBRA SINKLE KOLSKY 125TH STREET, #103 MIAMI, FL 33161 e named entity submits this statement for the purpose of char	IN T	HIS SPACE
the obliga	tions of registered agent.	(NOTE: Registered Agent signature required when reinstelling)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		#60000405387 03723706-80009-007 50.00
9.	MANAGING MEMBERS/MANAGERS		and the second s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REDEVCO ENTERPRISES, INC. 1175 NE 125TH STREET, #103 NORTH MIAMI, FL 33161	A CONTROL OF THE PROPERTY OF T	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE		}	

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CifY-ST-ZIP

TED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE