


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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



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
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01112006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0943458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REDEVCO ENTERPRISES, INC.
ATTN: DEBRA SINKLE KOLSKY
1175 NE 125TH STREET, #103
NORTH MIAMI, FL 33161

**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 _____ DATE _____
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, 2006**

1111111416387
11/23/06-80009-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REDEVCO ENTERPRISES, INC. 1175 NE 125TH STREET, #103 NORTH MIAMI, FL 33161
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Debra Sinkle Kolsky* Date: *2/23/06* Daytime Phone #: *305-981-9500*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE