

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005212

FILED
Feb 25, 2009
Secretary of State

Entity Name: SHOPPES OF LIBERTY CITY, LLC

Current Principal Place of Business:

11098 BISCAYNE BLVD, SUITE 103
MIAMI, FL 33161 S

New Principal Place of Business:

11098 BISCAYNE BLVD
SUITE 103
MIAMI, FL 33161 S

Current Mailing Address:

11098 BISCAYNE BLVD, SUITE 103
MIAMI, FL 33161 S

New Mailing Address:

11098 BISCAYNE BLVD
SUITE 103
MIAMI, FL 33161 S

FEI Number: 65-0943458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDEVCO ENTERPRISES, INC.
ATTN: DEBRA SINKLE KOLSKY
11098 BISCAYNE BLVD, SUITE 103
NORTH MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REDEVCO ENTERPRISES., INC.
Address: 1175 NE 125TH STREET, #103
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REDEVCO ENTERPRISES., INC.
Address: 11098 BISCAYNE BLVD., SUITE 103
City-St-Zip: MIAMI, FL 33161

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SINKLE KOLSKY, DEBRA
Address: 11098 BISCAYNE BLVD., SUITE 103
City-St-Zip: MIAMI, FL 33161 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

02/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date