

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90300 002 \*\*\*\*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**

**JUU4U54J**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0943458**

Applied For

Not Applicable

Zip

Country

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**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*President / Redevco Enterprises, Inc*  
*Managing Member*  
Date: **2/28/03** Daytime Phone #: **954-572-0305**

CR2E083 (10/02)