


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90015 015 ****50.00

DOCUMENT # M01000001175

1. Entity Name
SHOPPES OF LAKE WORTH, LLC



Principal Place of Business
6651-6689 LAKE WORTH RD
LAKE WORTH, FL 33467

Mailing Address
6651-6689 LAKE WORTH RD
LAKE WORTH, FL 33467

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5801 N. Congress Ave.
Suite, Apt. #, etc.
Suite #202
City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33487

Country
USA



CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent
MOMBACH, GEOFFREY S ESQ
600 E. BROWARD BLVD.
SUITE 1950
FT. LAUDERDALE, FL 33394

4. FEI Number
65-1101188

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Geoffrey S Mombach (Mombach, Geoffrey S Esq)

Street Address (P.O. Box Number is Not Acceptable)
600 E. Broward Blvd.

Suite 1950

City
Ft. Lauderdale

FL

Zip Code
33394

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)

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

9. MANAGING MEMBERS / MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|---------------|-----------------------|-------------------------|---------------------------------|
| MGRM | BILOWIT, FRED | 12639 ACME DAIRY ROAD | BOYNTON BEACH, FL 33437 | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| 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"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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 606, Florida Statutes.

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

Date _____ Daytime Phone # _____

CR2E083 (10/02)