

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

DOCUMENT # M07000004323

1. Entity Name
BONAVENTURE TOWN CENTER SHOPPES, LLC



05-01-2008 90154 001 ***138.75
05-01-2008 90154 002 ****88.75
05-01-2008 90154 003 ****50.00

Principal Place of Business
**1675 MARKET STREET, SUITE 207
WESTON, FL 33326**

Mailing Address
**1675 MARKET STREET, SUITE 207
WESTON, FL 33326**

30005511

2. Principal Place of Business - No P.O. Box #
16600 Saddle Club Road

3. Mailing Address
2375 NW 21 Terrace

Suite, Apt. #, etc.

04292008 Chg-LLC CR2E083 (12/06)

City & State
Weston, Florida

City & State
Miami, Florida

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33142

Country
U.S.

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

6. Name and Address of Current Registered Agent

**WESTON LEASING
1675 MARKET STREET, SUITE 207
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name
NORMAN EGOZI

Street Address (P.O. Box Number is Not Acceptable)
2375 NW 21 Terrace

City
Miami

FL Zip Code
33142

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 , **NORMAN EGOZI, Registered Agent** **4-29-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR

NAME
BELMONT, BARRY J

STREET ADDRESS
600 HAVERFORD ROAD, SUITE G101

CITY-ST-ZIP
HAVERFORD, PA 19041

☒ Delete

TITLE
NAME

STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
Member

NAME
WESTON TCS HOLDINGS, LLC

STREET ADDRESS
2375 NW 21 Terrace

CITY-ST-ZIP
Miami, Florida 33142

☒ Change ☐ Addition

TITLE
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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: , **NORMAN EGOZI, Mgr. Weston TCS Holdings, LLC** **4-29-08**

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

Date

Daytime Phone #