

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90041 004 ****50.00

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DOCUMENT # **L01000002964**

1. Entity Name

DENSON REALTY & MANAGEMENT L.L.C.



Principal Place of Business

**6930 ANNAPOLIS COURT
PARKLAND FL 33067**

Mailing Address

**6930 ANNAPOLIS COURT
PARKLAND FL 33067**

20019197

2. Principal Place of Business

3. Mailing Address

113. NURMI DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT. LAUD, FLORIDA.

City & State

City & State

4. FEI Number

65-1080928

Applied For

Not Applicable

Zip

Country

Zip

Country

BROWARD

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAVITZ, HAROLD P
7600 WEST 20TH AVE.
SUITE 223
HIALEAH FL 33016**

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 O'MALLEY, DANIEL J**
STREET ADDRESS **6930 ANNAPOLIS CT.**
CITY-ST-ZIP **POMPANO BEACH FL 33067**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR O'MALLEY, SUSAN**
STREET ADDRESS **6930 ANNAPOLIS CT.**
CITY-ST-ZIP **POMPANO BEACH FL 33067**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR O'MALLEY, DANIEL**
STREET ADDRESS **100 S. BIRCH DR., #903**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR O'MALLEY, KATHERINE S**
STREET ADDRESS **6930 ANNAPOLIS CT.**
CITY-ST-ZIP **POMPANO BEACH FL 33067**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)