

FILED


03 JUN -2 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # L02000022556

1. Entity Name
DZD SILVER LAKE, LLC



Principal Place of Business
16111 BISCAYNE BLVD.
NORTH MIAMI, FL 33160

Mailing Address
16111 BISCAYNE BLVD.
NORTH MIAMI, FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

100017102041
04/25/03--01075--006 **50.00



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS INC.
103 N.MERIDIAN STREET
LOWER LEVEL
TALLAHASSEE, FL 32301

4. FEI Number
16-1654851

Applied For
 Not Applicable

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signatures required when submitting)

FILE IN THE 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM SHIFF ZVI 16111 BISCAYNE BLVD. NORTH MIAMI, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM SHIFF DANIEL 16111 BISCAYNE BLVD. NORTH MIAMI, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  ZVI SHIFF 04/21/03 786-797-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

CR12003 (1/0002)