


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001

**FILED**  
**Apr 20, 2003 8:00 A.M**  
**Secretary of State**

<b>DOCUMENT #</b> A00000000847	
1. Entity Name DESIGNER'S PLACE AT DANIA PHASE II, LTD.	

Principal Place of Business 13205 KEYSTONE TERRACE NORTH MIAMI FL 33181	Mailing Address 13205 KEYSTONE TERRACE NORTH MIAMI FL 33181
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2003</b>	
4. FEI Number 65-1026404	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
MANDEL, MARVIN 13205 KEYSTONE TERRACE NORTH MIAMI FL 33181

<b>7. Name and Address of New Registered Agent</b>
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

9. Capital Contributions as Shown on record.	\$1,200,000.00
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10. Amount of Capital Contributions in FLORIDA to date one thousand \$1000
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11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L00000005826
NAME	DESIGNER'S PLACE AT DANIA PHASE II, LLC
STREET ADDRESS	13205 KEYSTONE TERRACE
CITY-ST-ZIP	NORTH MIAMI FL 33181
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400016121224
CITY-ST-ZIP	04/16/03-01065-020 **150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

<b>SIGNATURE:</b>	<b>SIGNATURE REQUIRE</b>	MARVIN MANDEL 4/8/03 (305) 891-8028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

CR2E003 (10/02)

STAPLE CHECK HERE