

**2005 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** A00000000848

1. Entity Name

**DESIGNER'S PLACE AT DANIA, LTD.**



**FILED**

2005 APR 21 PM 2: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3807 N. 29th AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**3807 N. 29th AVENUE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State

**HOLLYWOOD, FLORIDA**

City & State

**HOLLYWOOD, FLORIDA**

4. FEI Number

**59-2682929**

Applied For

Not Applicable

Zip

**33020**

Country

**USA**

Zip

**33020**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**MARVIN MANDEL**

Street Address (P.O. Box Number is Not Acceptable)

**3201 NE 183rd STREET, #2601**

City

**AVENTURA**

**FL**

Zip Code  
**33160**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

9. Capital Contributions  
as Shown on record.

**1,000**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **L00000005827**  
NAME **DESIGNER'S PLACE AT DANIA, LLC.**  
STREET ADDRESS **3807 N 29th AVENUE**  
CITY-ST-ZIP **HOLLYWOOD, FLORIDA 33020**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800054203958**

**05/10/05--01037--018 \*\*\*141.25**

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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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Marvin Mandel* **MARVIN MANDEL**

**3-3-2005 954-9228500**

CR2E003B (12/02)

STAPLE CHECK HERE