

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000893

1. Entity Name
DESIGNER OUTLET, L.L.C.

FILED

01 MAY -1 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY -

Principal Place of Business
99 NE EGLIN PARKWAY
SUITE 18
FORT WALTON BEACH FL 32548

Mailing Address
99 NE EGLIN PARKWAY
SUITE 18
FORT WALTON BEACH FL 32548



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #; etc.

Suite, Apt. #; etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1569313

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUSBAUM, JOHN D
384 ROSEWOOD DRIVE
MARY ESTHER FL 32569

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004275309--6
-05/22/01--01012--007
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE President ☐ Delete
NAME John D. Nusbbaum
STREET ADDRESS 384 Rosewood Dr
CITY-ST-ZIP Mary Esther, FL 32569

TITLE President ☐ Change ☒ Addition
NAME John D. Nusbbaum
STREET ADDRESS 384 Rosewood Dr
CITY-ST-ZIP Mary Esther, FL 32569

TITLE V. President ☐ Delete
NAME Herman S. Benavente
STREET ADDRESS 500 Krest Dr
CITY-ST-ZIP Crestview, FL 32536

TITLE Vice President ☐ Change ☒ Addition
NAME Herman S. Benavente
STREET ADDRESS 500 Krest Dr
CITY-ST-ZIP Crestview, FL 32536

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary/Treasurer ☐ Change ☒ Addition
NAME Elizabeth B. Nusbbaum
STREET ADDRESS 384 Rosewood Dr
CITY-ST-ZIP Mary Esther, FL 32569

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

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: JOHN D. NUSBAUM

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

27 JAN 2001 850 5816570

Date

Daytime Phone #

0004116 AF

CR2E083 (11/00)