

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0048773

DOCUMENT # L00000000893

1. Entity Name

DESIGNER OUTLET, L.L.C.



FILED

03 MAY 16 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

NUSBAUM, JOHN D
384 ROSEWOOD DRIVE
MARY ESTHER FL 32569

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 P
STREET ADDRESS NUSBAUM, JOHN D
CITY-ST-ZIP 384 ROSEWOOD DR
MARY ESTHER FL 32569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300019099093
CITY-ST-ZIP 05/16/03--01007--001 **50.00

TITLE ☐ Delete
NAME V
STREET ADDRESS BENAVENTE, HERMAN S
CITY-ST-ZIP 500 KREST DR
CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ST
STREET ADDRESS NUSBAUM, ELIZABETH B
CITY-ST-ZIP 384 ROSEWOOD DR
MARY ESTHER FL 32569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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] REQUIRED

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

14 MAY 03

Date

(850) 244-2770

Daytime Phone #

CR2E083 (10/02)