

2004 **LIMITED LIABILITY COMPANY**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90015 001 \*\*\*\*55.00

DOCUMENT # L00000005826

1. Entity Name

**DESIGNER'S PLACE AT DANIA PHASE II, LLC.**



**DO NOT WRITE IN THIS SPACE**

**24052100**

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

City & State

**HOLLYWOOD, FLORIDA**

City & State

**HOLLYWOOD, FLORIDA**

4. FEI Number

**65-1016089**

Applied For

Not Applicable

Zip **33020**

Country **USA**

Zip **33020**

Country **USA**

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**MANDEL, - MARVIN**

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

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

City

**AVENTURA**

**FL**

Zip Code  
**33160**

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

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MCMR  
MANDEL, MARVIN  
3201 NE 183rd STREET, #2601  
AVENTURA, FLORIDA 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

CR2E083B (12/02)