2005 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005826

1. Entity Name

DESIGNER'S PLACE AT DANIA PHASE II, LLC.



FILED Apr 21, 2005 8:00 am Secretary of State

04-21-2005 90028 035 ****50.00

DO NOT WRITE IN THIS SPACE 20039666 2. Principal Place of Business 3. Mailing Address 3807 N. 29th AVENUE 3807 N. 29th AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number HOLLYWOOD, FLORIDA HOLLYWOOD, FLORIDA 65-1016089 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 33020 USA 33020 USA 7. Name and Address of Current Registered Agent MANDEL, MARVIN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 3201 NE 183rd STREET, #2603 **AVENTURA** 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, typed or printed name of registered agent and title if applicable FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS MGMR TITLE NAME MANDEL, MARVIN STREET ADDRESS STREET ADDRESS 3201 NE 183rd STREET, #2601 CITY-ST-ZIP CITY ST-ZIP AVENTIRA, FLORIDA 33160 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME * STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

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