2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # 100000005826

1. Entity Name

DESIGNER'S PLACE AT DANIA PHASE II, LLC.



FILED Apr 25, 2006 8:00 am Secretary of State

04-25-2006 90018 010 ****50.00

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20034917 2. Principal Place of Business 3. Mailing Address 3807 N. 29th AVENUE 3807 N. 29th AVENUE Suite, Apt. #, etc. CR2E083B (8/05) Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For HOLLYWOOD, FLORIDA HOLLYWOOD, FLORIDA 65-1016089 Not Applicable \$5.00 Additional Country Zip 5. Certificate of Status Desired 33020 USA 33020 USA Fee Required 7. Name and Address of Current Registered Agent Name MANDEL, MARVIN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 3201 Ne 183rd STREET, #2601 City **AVENTURA** 6. 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. FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. TITLE MEMR TITLE NAME NAME MANDEL, MARVIN STREET ADDRESS STREET ADDRESS 3201 NE 183rd STREET, CITY-ST-ZIP CITY-ST-ZIP AVENIURA, FLORIDA 33160 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

el MARVID MAN Se(

SIGNATURE:

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

4-142006 954-922-85