2005: LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 00000005827

1. Entity Name

DESIGNER'S PLACE AT DANIA, LLC.



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

04-21-2005 90028 004 ****50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 3807 N. 29th AVENUE 3807 N. 29th AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc.

20039697

DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1016169 HOLLYWOOD, FLORIDA HOLLYWOOD, FLORIDA Not Applicable \$5.00 Additional 5. Certificate of Status Desired 33020 USA 33020 USA Fee Required

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent			of Current Registered Agent	
Name				
	MANDEL,	MARVIN		
Street Add	dress (P.O. Box N	lumber is Not A	Acceptable)	

3201 NE 183rd STREET, #2601 ^z33160 AVENTURA

•	The above harned entity sobilities this statement for the purpose of changing its registered diffee of registered agent, of both, in the state of Florida, training with, and accept
	the obligations of registered agent.

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. MGMR TITLE TITLE NAME MANDEL, MARVIN NAME STREET ADDRESS STREET ADDRESS 3201 NE 183rd STREET, #2601 CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FLORIDA 33160 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY ST ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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