

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90283 023 ****50.00

DOCUMENT # L01000012184

1. Entity Name
MIZNER DEL MAR, L.L.C.



Principal Place of Business
**7025 BERACASA WAY, SUITE 107
BOCA RATON, FL 33433**

Mailing Address
**7025 BERACASA WAY, SUITE 107
BOCA RATON, FL 33433**

24041328

2. Principal Place of Business
**7284 W. Palmetto Park Rd
Suite, Apt. #, etc. **Ste 106**
City & State **Boca Raton, FL**
Zip **33433** Country **USA****

3. Mailing Address
**7284 W. Palmetto Park Rd
Suite, Apt. #, etc. **Ste 106**
City & State **Boca Raton, FL**
Zip **33433** Country **USA****



04012004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1132468

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KODSI & EISENSTEIN, P.A.
701 WEST CYPRESS CREEK ROAD, SUITE 302
FT. LAUDERDALE, FL 33433**

7. Name and Address of New Registered Agent
Name **Daniel A. Kaskel, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
7284 W. Palmetto Park Rd - Ste 108
City **Boca Raton** FL Zip Code **33433**

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 DATE **4-12-04**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERDOGO, ELIE 7025 BERACASA WAY #107 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE **4-12-04** Daytime Phone # **561 395 0868**

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