

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

03-18-2003 90154 003 ****50.00

DOCUMENT # L02000012842																																																																																																																																																											
1. Entity Name D'ANDREA, LLC																																																																																																																																																											
Principal Place of Business 340 W. 78TH RD. HIALEAH, FL 33014			Mailing Address 340 W. 78TH RD. HIALEAH, FL 33014																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State Zip Country			City & State Zip Country																																																																																																																																																								
4. FEI Number 04-3694453				Applied For ☐ Not Applicable																																																																																																																																																							
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent HARTMAN, ROY M ESQ SACHER, ZELMAN, VAN SANT, PAUL, BEILEY, 1401 BRICKELL AVE., STE. 700 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																																																																																																																																								
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 _____ (NOTE: Registered Agent signature required when installing) DATE _____																																																																																																																																																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">Managing Member</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Anthony F. D'Andrea</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13056 Majestic Way</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Cooper City, FL 33330</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES			TITLE	Managing Member	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	Anthony F. D'Andrea		NAME			STREET ADDRESS	13056 Majestic Way		STREET ADDRESS			CITY - ST - ZIP	Cooper City, FL 33330		CITY - ST - ZIP									TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP									TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP									TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP									TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES																																																																																																																																																								
TITLE	Managing Member	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME	Anthony F. D'Andrea		NAME																																																																																																																																																								
STREET ADDRESS	13056 Majestic Way		STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP	Cooper City, FL 33330		CITY - ST - ZIP																																																																																																																																																								
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																																								
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																																								
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																																								
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																																																						
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.																																																																																																																																																											
SIGNATURE: Anthony F. D'Andrea 3-14-03 305-822-3721 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																																																																																																											

CR2E083 (1/0/02)