

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003-90104-034-\$50.00-\$50.00

DOCUMENT # L02000012876

1. Entity Name

VAN DEE LLC



Principal Place of Business

Mailing Address

2201 STIRLING ROAD
FORT LAUDERDALE FL 33312
US

1001 NW 95 TERRACE
PLANTATION FL 33322
US

2. Principal Place of Business

1800 NW 65th Ave.

3. Mailing Address

150 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St. 200

City & State

Plantation, FL

City & State

Plantation, FL

Zip 33313

Country Broward

Zip 33324

Country Broward

6. Name and Address of Current Registered Agent

BREIT, RICHARD H.
1001 NW 95 TERRACE
PLANTATION FL 33322

Richard H. Breit, Esq.
BREITGROSSMAN
150 N. UNIVERSITY DR.
SUITE 200
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name RICHARD H. BREIT
Street Address (P.O. Box Number is Not Acceptable)
150 N. University Dr. STE 200
City Plantation FL Zip Code 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

9/18/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Loren Van Dusseldorp Manager
1800 NW 65th Ave
Plantation, FL 33313

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:

Loren Van Dusseldorp

Loren Van Dusseldorp 9/18/03

954-660-5656

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

Date

Daytime Phone #

CR2E083 (4/03)

law offices

BREITGROSSMAN

a partnership of professional associations

150 North University Drive Ste 200
Plantation, FL 33324-2008
Telephone 954.452.1144
Facsimile 954.452.3311

October 15, 2003

E-mail RBreit@BreitGrossman.com

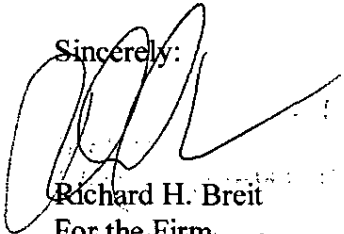
Division of Corporations
PO Box 6478
Tallahassee FL 32314-6478

Re: Van Dee LLC

Dear Sir or Madam:

We are returning the Limited Liability Company Uniform Business Report for the above named company with the employer identification number included in box 4 as you requested. As this has been accomplished within the 30 day window, please file the report. If you need any additional information, please do not hesitate to contact me.

Sincerely:



Richard H. Breit
For the Firm
RHB/em
enclosure
cc: Larry Van Dusseldorp