


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

<b>DOCUMENT # L02000019744</b>				
1. Entity Name <b>DANIELLE, LLC</b>				
Principal Place of Business 75 ATLANTIC ST. HACKENSACK, NJ 07601		Mailing Address 75 ATLANTIC ST. HACKENSACK, NJ 07601		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>54-2065821</b>
		Applied For Not Applicable		
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
KADOSH, ESTI GALLERIA PROPERTIES 2716 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when electing))</small>				
FEE NOW THREE IS \$50.00 Make Check Payable to Florida Department of State Due By May 2003				
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MBAM Isaac Levy</b>	
STREET ADDRESS		STREET ADDRESS	<b>220 East 65 St.</b>	
CITY-ST-ZIP		CITY-ST-ZIP	<b>New York, NY 10021</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MBAM Ari Abergel</b>	
STREET ADDRESS		STREET ADDRESS	<b>145 West 67 St.</b>	
CITY-ST-ZIP		CITY-ST-ZIP	<b>New York, NY 10023</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 606, Florida Statutes.				
SIGNATURE: <u><i>Ari Abergel</i></u>		Date: <u>4/30/03</u> <u>211-735-2039</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date		

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CHECK HERE IF MAKING CHANGES

CP2003 (10/02)