

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

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90326 005 \*\*\*\*50.00

DOCUMENT # L02000032851

1. Entity Name

DAISYLO, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

15700 Biscayne Blvd

3. Mailing Address

4225 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. Miami Beach, Florida

City & State

Coral Gables, FL

4. FEI Number

22-3885973

Applied For

Not Applicable

Zip

Country

Zip

33146

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

James I. Kramer

Street Address (P.O. Box Number is Not Acceptable)

4225 Ponce de Leon Boulevard

City

miami, Florida

FL

Zip Code

33146

**DO NOT WRITE  
IN THIS SPACE**

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.

2/11/03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID S. LOPATE 1343 Monroe Street Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHELLE LOPATE 1343 Monroe Street + Hollywood, FL 33019
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CR2E083B (12/02)

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MICHELLE LOPATE

2-13-03 954-9218160

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

Date

Daytime Phone #