

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90582 019 ****55.00

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

DOCUMENT # L02000034653

1. Entity Name
CENTURY DANIEL'S LANDING, LLC



JUUBDJJA

Principal Place of Business
3300 UNIVERSITY DR.
CORAL SPRINGS, FL 33065

Mailing Address
3300 UNIVERSITY DR.
CORAL SPRINGS, FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
34-1975087

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GERSON, GARY N
1645 PALM BEACH LAKES BLVD., STE. 1200
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
CORA Di Fiore

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

3300 University Dr Ste 001

City
Coral Springs

FL

Zip Code
33065

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 resigning)

4-28-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
M	Neil Eisner	3300 University Dr Ste 001	CORAL SPRINGS FL 33065		
M	Art FALCONE	3300 University Dr Ste 001	CORAL SPRINGS FL 33065		

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:

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

Date

Daytime Phone #

4-28-03

CR2E083 (10/02)