## 2005 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT#** 

1. Entity Name

L03000018585

MANDEL DEVELOPMENT, LLC.



## **FILED** Apr 21, 2005 8:00 am Secretary of State

04-21-2005 90029 027 \*\*\*\*50.00

Э.	-			dr. nr.	3.0			12.		-		-	1.00			deres.		_		400					_
е.		•		1.74 VA. 1.	к и	1000		a weekly			 		1.50		100	100	3.0		-	1. 1. 1. 1. 1.	_	_	. C.	-	
2)		в						3.2	111		1.0	-			10.00	13 H 15				100		_			_
23	- C		P. 17.	1.30	•			3873/2			 . 8		2000		14 de	NO. 13	OF BOOK	6. 8	_	ANCAL A		_	_		
3.1	-	MA.	•	) [	. 15		100	C. 1200					2000	1.0		173.2016	A 43	88		3.53	-	1110		•	_

2. Principal Place of Business 3. Mailing Address 3807 N 29th AVENUE 3807 N 29th AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc.

20039724

DO NOT WRITE IN THIS SPACE

City & State	) ELODIDA	City & State	TT OD TO	4. FEI Number	- 40	Applied For
HOLLIWOOL	), FLORIDA	HOLLYMOOD	, FLORIDA	55-08356	5 <del>48</del>	Not Applicable
Zip <b>33020</b>	Country <b>USA</b>	Zip <b>33020</b>	Country <b>USA</b>	5. Certificate of Status Desired		\$5.00 Additional Fee Required
· 一、 · · · · · · · · · · · · · · · · · ·	es al la gradua establica del con la establica		acustas acustas	7 Name and Address of Courses	D = ==1=4==	

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name MARVIN MANDEL	
Street Address (P.O. Box Number is Not Acceptable)	
3201 NE 183rd STREET, #2601	

Zin 20de 33160 **AVENTURA** 

ramed chitty oddinies this statement for the pe	rpose of changing its registered office c	or registered agent, or both, in ti	ne State of Florida. I am t	amiliar with, and accept
ons of registered agent.		-		•
0	ns of registered agent.	ns of registered agent.	ns of registered agent.	amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am f. ns of registered agent.

SIGNATURE \_\_\_\_\_Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** 

TITLE NAME STREET ADDRESS CITY- ST-71P TITLE	
STREET ADDRESS CITY-ST-7IP	
CITY-ST-7IP	
The first transfer of the control of	
TIFLE	
NAME	
STREET ADORESS	
CTTY-ST-ZIP	
THE CONTRACTOR OF THE CONTRACT	NEW STORY
NAME	
STREET ADDRESS	
CITY-ST-ZIP DU NUI WRITE	
mu IN THIS SDACE	5000000
NAME IN LITTO SPACE	
STREET ADDRESS	
CITY:ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
s. CITY-ST-7IP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS

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 MA