

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90307 037 \*\*\*\*50.00

**DOCUMENT # L03000025685**

1. Entity Name  
**UNIQUE MANAGEMENT, LLC**



Principal Place of Business

**3300 PGA BLVD  
STE 330  
PALM BEACH GARDENS, FL 33410 US**

Mailing Address

**3300 PGA BLVD  
STE 330  
PALM BEACH GARDENS, FL 33410 US**



01052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0725780**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**STANTON, ROGER C  
4420 BEACON CIR.  
WEST PALM BEACH, FL 33407**

**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 **DONALD ALLISON** **1515 S. FEDERAL HWY** **BOCA RATON FL 33432**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00  
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MASTROIAMI, NICHOLAS A III  
3300 PGA BLVD. STE 330  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FINKELSTEIN, DAVID  
3300 PGA BLVD, STE 330  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #