

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90038 050 ****55.00

DOCUMENT # L03000034579

1. Entity Name

DATG RESIDENTIAL, LLC



Principal Place of Business

C/O MENIN DEVELOPMENT COMPANIES, INC
201 N. U.S. HIGHWAY 1, STE. D-5
JUPITER FL 33477

Mailing Address

C/O MENIN DEVELOPMENT COMPANIES, INC
201 N. U.S. HIGHWAY 1, STE. D-5
JUPITER FL 33477

2. Principal Place of Business
3501 PGA Blvd.

3. Mailing Address
3501 PGA Blvd.

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip
33410

Country
Palm Beach

Zip
33410

Country
Palm Beach

4. FEI Number

56-2427557

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEGOSEN, DEAN ESQ
NORTHBRIDGE TOWER I, 18TH FLOOR
515 N. FLAGLER DR.
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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☐ Change ☐ Addition

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 #

2-5-04 561-282-5000