

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90021 001 \*\*\*\*50.00

**DOCUMENT # L03000051177**

1. Entity Name  
**VOGUE ITALIA BEACH PLACE LLC**



Principal Place of Business  
**300 SW FIRST AVE.  
FT. LAUDERDALE, FL 33301**

Mailing Address  
**300 SW FIRST AVE.  
FT. LAUDERDALE, FL 33301**

**24004003**

2. Principal Place of Business

**17 S. FT LAUDERDALE BCH BLVD**

Suite, Apt. #, etc.

**102**

City & State

**FT LAUDERDALE, FL**

Zip

**33316**

Country

**US**

3. Mailing Address

**2525 N STATE ROAD 7**

Suite, Apt. #, etc.

**115**

City & State

**HOUSTONWOOD, FL**

Zip

**33021**

Country

**US**



01222004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**721576269**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRODY, MERVYN  
300 SW FIRST AVE.  
FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

**BRODY MERVYN**

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

**300 SW 1ST AVE - STE 110**

City

**FT LAUDERDALE**

FL

Zip Code

**33301**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/22/04**

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MERVYN BRODY</b>	
STREET ADDRESS	<b>17 S. FT LAUDERDALE BEACH BLVD #102</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33316</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>ISAAC AMSELEM</b>	
STREET ADDRESS	<b>17 S. FT LAUDERDALE BEACH BLVD. #102</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33316</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

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

**1/22/04**

Date

**954-527-4568**

Daytime Phone #