

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

4. Jun 15, 2005 8:00 am
Secretary of State

04-27-2005 90040 015 *****55.00

DOCUMENT # L04000056504					
1. Entity Name DARER MANAGEMENT II, LLC					
Principal Place of Business 20201 E COUNTRY CLUB DRIVE UNIT 2310 2310 AVENTURA, FL 33180			Mailing Address 20201 E COUNTRY CLUB DRIVE UNIT 2310 2310 AVENTURA, FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2445496	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRATTER KRIEGER LAW GROUP LLP 500 SOUTH POINTE DRIVE 230 MIAMI BEACH, FL 33139			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DARER, EDUARDO		NAME		
STREET ADDRESS	20201 E COUNTRY CLUB DRIVE UNIT 2310		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DARER, OSCAR		NAME		
STREET ADDRESS	20201 E COUNTRY CLUB DRIVE UNIT 2310		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 606, Florida Statutes.					
SIGNATURE: 		EDUARDO DARER 4/20/05 786 3466671			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					