

2006-LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90132 022 ****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**

40014772



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2445496

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRATTER KRIEGER LAW GROUP LLP
500 SOUTH POINTE DRIVE
230
MIAMI BEACH, FL 33139**

Name **GARY KORN**

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

20601 BISCAYNE BLVD SUITE 501

City **AVENTURA**

FL

Zip Code
33180

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

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DARER, EDUARDO
20201 E COUNTRY CLUB DRIVE UNIT 2310
AVENTURA, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DARER, OSCAR
20201 E COUNTRY CLUB DRIVE UNIT 2310
AVENTURA, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DARER, ENRIQUE
20201 E COUNTRY CLUB DRIVE UNIT 2310
AVENTURA, FL 33180** ☐ Delete

TITLE
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CITY-ST-ZIP
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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]

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

2/28/06

Date

305-9362781

Daytime Phone #