

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

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**



04152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**KORN, GARY
20801 BISCAYNE BLVD.
STE. 501
MIAMI, FL 33130**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000907496
05/05/08-80040-017 143.75

9. MANAGING MEMBERS/MANAGERS

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

4/15/08

Date

305-936-2781

Daytime Phone #