

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90005 014 ***138.75

DOCUMENT # L05000045131

1. Entity Name
DANIA BEACH HOUSE, L.L.C.



Principal Place of Business
**SUITE 118
2627 NE 203RD ST.
AVENTURA, FL 33180**

Mailing Address
**SUITE 118
2627 NE 203RD ST.
AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE

02182008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2798012

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEGAL, WILLIAM J
20801 BISCAYNE BLVD., SUITE 304
AVENTURA, FL 33180-1422**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FAITH, KEVIN 2627 NE 203RD ST.
STREET ADDRESS	20485 E. COUNTRY CLUB DR. #2001 #118
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

4/17/08

Date

305-682-4991

Daytime Phone #