

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L 99000003585**

1. Entity Name

DANOI Management Company, LLC

FILED *WR 4/29*

01 MAR 26 AM 9:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

**220 Andrew Avenue
Delray Beach, FL 33483**

2. Principal Place of Business

220 Andrew Ave.

3. Mailing Address

220 Andrew Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Delray Beach FL

Delray Beach FL

65-0931528

Not Applicable

Zip

Country

Zip

Country

33483

33483

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

Name

Howard Winitzky

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

220 Andrew Ave.

City

Delray Beach

FL

Zip Code

33483

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

[Signature]

2/22/01

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

TITLE **Registered Agent** ☒ Delete
NAME **Steven J. Avanch**
STREET ADDRESS **220 Andrew Ave.**
CITY-ST-ZIP **Delray Beach, FL 33483**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME **Howard Winitzky**
STREET ADDRESS **220 Andrew Avenue**
CITY-ST-ZIP **Delray Beach, FL 33483**

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

(561) 274-6758
2/21/01

CR2E083 (11/00)