2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006483

1. Entity Name

DESANA INVESTMENTS LLC

Principal Place of Business	Mailing Address
313 1/2 WORTH AVE.. SUITE B3 PALM BEACH FL 33480	313 1/2 WORTH AVE.. SUITE B3 PALM BEACH FL 33480

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 6$-09$$6$$ ☐ Applied For / ☐ Not Applicable
Zip	Country	Zip	Country	**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**
ALTMAN, ROBERT 313 1/2 WORTH AVE., SUITE B3 PALM BEACH FL 33480	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.

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 $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		**10.** ADDITIONS/CHANGES	
TITLE MGMR NAME ALTMAN, ROBERT STREET ADDRESS 313½ WORTH AVE SUITE B-3 CITY-ST-ZIP PALM BEACH, FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900003350039--9 -08/08/00--01097--021 *****50.00 *****50.00
TITLE MGMR NAME WEITZ, ETHAN STREET ADDRESS 313½ WORTH AVE SUITE B-3 CITY-ST-ZIP PALM BEACH, FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 REQUIRED_   7/14/0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #