


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90032 029 ****50.00

DOCUMENT # L02000006491

1. Entity Name
DEZER DEVELOPMENT, LLC



Principal Place of Business
**18101 COLLINS AVE.
 SUNNY ISLES, FL 33160**

Mailing Address
**18101 COLLINS AVE.
 SUNNY ISLES, FL 33160**

64040073

2. Principal Place of Business
18001 Collins Avenue
 Suite, Apt. #, etc.
3rd Floor

3. Mailing Address
18001 Collins Avenue
 Suite, Apt. #, etc.
31st Floor

City & State
Sunny Isles Beach, FL

City & State
Sunny Isles Beach, FL

Zip
33160 Country
USA



04012004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

SHEAR, DAVID
201 ALHAMBRA CIRCEE
SUITE 601
CORAL GABLES, FL 33134

4. FEI Number
02-0625389

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEZER, MICHAEL 89 FIFTH AVENUE, 11TH FLOOR NEW YORK, NY 10003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEZERTOV, NEOMI 89 FIFTH AVENUE, 11TH FLOOR NEW YORK, NY 10003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Neomi Dezertov **4/10/04** **2129291285**

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