


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90051 049 ****50.00

DOCUMENT # L02000006491					
1. Entity Name DEZER DEVELOPMENT, LLC					
Principal Place of Business 18001 COLLINS AVE 31ST FLOOR SUNNY ISLES, FL 33160		Mailing Address 18001 COLLINS AVE 31ST FLOOR SUNNY ISLES, FL 33160			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0625389	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
-6: Name and Address of Current Registered Agent-			7: Name and Address of New Registered Agent-		
SHEAR, DAVID 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by Mar 1, 2007				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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Neom Dezertov</u>			Date: <u>1/22/07</u>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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