### **2006 LIMITED LIABILITY COMPANY** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L03000011481

1. Entity Name

DEZER-DESERT INN VENTURES, LLC



**FILED** May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

1800 COLLINS AVENUE 31ST FLOOR

SUNNY ISLES BEACH, FL 33160

Mailing Address

1800 COLLINS AVENUE

31ST FLOOR

SUNNY ISLES BEACH, FL 33160



04282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 75-3109289

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134

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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

# Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DEZER, MANDEL
STREET ADDRESS	18001 COLLINS AVE, 31ST FLR.
City-St-ZiP	SUNNY ISLES BEACH, FL 33160
TITLE	MGRM
NAME	DEZER, NAOMI
STREET ADDRESS	18001 COLLINS AVE, 31ST FLR.
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000551431 05/13/06-80097-024 50.00

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11. I hereby certify that the information supplied with this filling 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE