

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054465

**FILED**  
**Jan 12, 2006**  
**Secretary of State**

**Entity Name:** DERHY FINANCIAL SERVICES, L.L.C.

**Current Principal Place of Business:**

C/O ALEX T. BARAK, ESQ.  
4601 SHERIDAN STREET, SUITE 206  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

99 N.W. 183RD STREET  
112  
MIAMI, FL 33169 US

**Current Mailing Address:**

C/O ALEX T. BARAK, ESQ.  
4601 SHERIDAN STREET, SUITE 206  
HOLLYWOOD, FL 33021

**New Mailing Address:**

99 N.W. 183RD STREET  
112  
MIAMI, FL 33169 US

FEI Number: 76-0763867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARAK, ALEX T ESQ.  
4601 SHERIDAN STREET, SUITE 206  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

DERHY, DVIR  
99 N.W. 183RD STREET  
112  
MIAMI, FL 33169 US

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: DERHY DVIR

01/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DERHY, DVIR  
Address: 4601 SHERIDAN STREET, SUITE 206  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DERHY, DVIR  
Address: 99 N.W. 183RD STREET # 112  
City-St-Zip: MIAMI, FL 33169 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DERHY DVIR

MGR

01/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date