

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 12 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # M9600000294**

DEZER PROPERTIES LLC
8701 COLLINS AVENUE
MIAMI BEACH FL 33154

1a. Principal Place of Business Address
8701 COLLINS AVENUE
MIAMI BEACH FL 33154

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/07/1996	NY
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	13-2816452	5. Date of Last Report
7. Name and Address of Current Registered Agent				8. Certificate of Status Desired	
DEZERTOV, NEOMI 8701 COLLINS AVENUE MIAMI BEACH FL 33154				<input type="checkbox"/> Additional Fee Required	

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
DEZERTOV, NEOMI 8701 COLLINS AVENUE MIAMI BEACH FL 33154		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DEZER, MICHAEL	8701 COLLINS AVENUE	MIAMI BEACH FL
MGRM	DEZERTZOV, NEOMI	8701 COLLINS AVENUE	MIAMI BEACH FL

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*****203.75 *****203.75

Handwritten: 4/30/97 212 929-1280

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Neomi Dezertov* **DATE:** 4/30/97 **Daytime Phone #:** 212 929-1280