File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. -FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY' Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR 30 AM 10:00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # M96000000294 1a. Principal Place of Business Address DEZER PROPERTIES LLC 8701 COLLINS AVENUE 8701 COLLINS AVENUE MIAMI BEACH FL 33154 MIAMI BEACH FL 33154 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 08/07/1996 NY Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 13-2816452 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Ζιρ Country \$8.75 Additional Fee Required 04/03/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office DEZERTOV, NEOMI 8701 COLLINS AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33154 Suite, Apt #, etc City Zip Code 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 Ancepting Appearance by - (NOTE-Registered Agent signature required where resistancy) 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 7/10/10/28/32647----04/08/99--01007--012 ****188.75 ****188.7**5** 11. 1do 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 logal effect as if made under oath; that I am a managing member or manager of the firmited liability company or the receiver or vustee 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. Mest SIGNATURE:

SIGNATURE INDITIFED OF PRINTED HAME OF SIGNING MANAGING MUMBER OF MANAGER

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