



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90055 027 ****50.00

DOCUMENT # M96000000294 1. Entity Name DEZER PROPERTIES LLC					
Principal Place of Business 18101 COLLINS AVE. 31ST FL SUNNY ISLES BEACH, FL 33160				Mailing Address 18101 COLLINS AVE. 31ST FL SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business 18001 Collins Avenue Suite, Apt. #, etc. 31st Floor City & State Sunny Isles Beach FL Zip 33160 Country US		3. Mailing Address 18001 Collins Avenue Suite, Apt. #, etc. 31st Floor City & State Sunny Isles Beach FL Zip 33160 Country US			
02212005 Chg-LLC CR2E083 (10/03)				4. FEI Number 13-2816452	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005				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 8701 COLLINS AVENUE MIAMI BEACH, FL 33154 <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 DEZERTZOV, NEOMI 8701 COLLINS AVENUE MIAMI BEACH, FL 33154 <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 exemption stated in Section 119.07(3)(i), 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>Dezer for LEAH SALMON</u> 4/27/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					