


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000001512 1. Entity Name DEZER PROPERTIES 108 LLC		
Principal Place of Business 89 FIFTH AVE. (11R) NEW YORK, NY 10003	Mailing Address 89 FIFTH AVE. (11R) NEW YORK, NY 10003	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SHEEAR, DAVID 201 ALHAMBRA CIRCLE, STE. 601 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE
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> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZER, MICHAEL 89 FIFTH AVE. (11R) NEW YORK, NY 10003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing 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 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>Michael Dezer</u> <u>L. Salmon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>4/28/06</u> <u>2129291285</u> <small>Date Daytime Phone #</small>



04282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-3849005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U00000551342
05/13/06-80097-006 50.00