

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**  
05-02-2006 90042 022 \*\*\*\*50.00

<b>DOCUMENT # L05000062557</b> 1. Entity Name <b>DEZER QUOGUE, LLC</b>					
Principal Place of Business <b>18001 COLLINS AVENUE 31ST FLOOR SUNNY ISLES BEACH, FL 33160 US</b>			Mailing Address <b>18001 COLLINS AVENUE 31ST FLOOR SUNNY ISLES BEACH, FL 33160 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEL Number <b>134301232</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BRANT, BARRY M CPA 200 SOUTH BISCAYNE BLVD. 6TH FLOOR MIAMI, FL 33131</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reappointing)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEZER, NEOMI		NAME		
STREET ADDRESS	18001 COLLINS AVENUE, 31ST FLOOR		STREET ADDRESS		
CITY - ST - ZIP	SUNNY ISLES BEACH, FL 33160		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
<b>SIGNATURE:</b> <i>Neomi Dezer</i>			<i>4/22/06</i> <i>2129291285x240</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30011254



04262006 Chg-LLC CR2E083 (11/05)



**DEZER PROPERTIES**  
OWNERS & DEVELOPERS

ATTACHMENT

30011254

# L05000062557

April 28, 2006

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Florida 32301

To Whom It May Concern:

Enclosed within please find the 2006 Limited Liability Company Annual Report including the filing fee's.

Should you have any questions please do not hesitate to call.

Sincerely,

Leslie Dezer  
212-929-1285 x 249