2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M02000001512

1. Entity Name
DEZER PROPERTIES 108 LLC

Principal Place of Business	Mailing Address
89 FIFTH AVE. (11R) NEY YORK, NY 10003	89 FIFTH AVE. (11R) NEY YORK, NY 10003

DO NOT WRITE IN THIS SPACE

04252008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
13-3849005		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEEAR, DAVID
201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES, FL 33134

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DEZER, MICHAEL
STREET ADDRESS	89 FIFTH AVE. (11R)
CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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: _Oleoule·r_   L. Gilmon   4/25/08   212 9291200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #