

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000086374

FILED
May 13, 2015
Secretary of State
CC2453855855

Entity Name: DOUGLAS ELLIMAN ASSOCIATES LLC

Current Principal Place of Business:

1111 LINCOLN ROAD
805
MIAMI BEACH, FL 33139

Current Mailing Address:

575 MADISON AVENUE
SUITE 406 805
NEW YORK, NY 10022 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER
Name PARKER, JAY
Address 1111 LINCOLN ROAD
 805
City-State-Zip: MIAMI BEACH FL 33139

Title VICE PRESIDENT AND QUALIFYING BROKER
Name BRYAN, THOMAS J
Address 1111 LINCOLN ROAD
 805
City-State-Zip: MIAMI BEACH FL 33139

Title VICE PRESIDENT, TREASURER & CHIEF FINANCIAL OFFICER
Name KIRKLAND, JAMES B III
Address 4400 BISCAYNE BLVD
 10
City-State-Zip: MIAMI FL 33137

Title VICE PRESIDENT AND SECRETARY
Name BELL, MARC N
Address 4400 BISCAYNE BLVD
 10
City-State-Zip: MIAMI FL 33137

Title EXECUTIVE VICE PRESIDENT
Name HABER, KENNETH I
Address 575 MADISON AVE
 406
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name DOUGLAS ELLIMAN REALTY, LLC
Address 575 MADISON AVE
 406
City-State-Zip: NEW YORK NY 10022

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH S. KURTZBERG

VP- LEGAL AFFAIRS

05/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date