

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000102929

**Entity Name:** DPM FIVE LLC

**Current Principal Place of Business:**

1504 BAY RD  
1802  
MIAMI, FL 33139

**Current Mailing Address:**

1504 BAY RD  
1802  
MIAMI, FL 33139 US

**FEI Number:** 38-3882393

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ELMALEH, VANESSA  
407 LINCOLN RD  
12F  
MIAMI, FL 33139 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 MGRM  
Name COHEN, MEIR  
Address 1504 BAY RD  
1802  
City-State-Zip: MIAMI FL 33139

Title MGRM  
Name NADJAR, PHILIPPE  
Address 48 AVENUE DANIELLE CASANOVA  
City-State-Zip: NEUILLY PLAISANCE FR 93360

Title MGRM  
Name SMADJA, DOUGLAS  
Address 20 PLACE CARNOT  
City-State-Zip: ROSNY SOUS BOIS FR 93110

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MEIR COHEN

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04/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date