

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006491

FILED
Feb 06, 2009
Secretary of State

Entity Name: DEZER DEVELOPMENT, LLC

Current Principal Place of Business:

18001 COLLINS AVE
31ST FLOOR
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

18001 COLLINS AVE
31ST FLOOR
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 02-0625389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEAR, DAVID
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEZER, MICHAEL
Address: 89 FIFTH AVENUE, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10003

Title: MGRM () Delete
Name: DEZERTOV, NEOMI
Address: 89 FIFTH AVENUE, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10003

Title: MGRM () Delete
Name: DEZER, GIL
Address: 18001 COLLINS AVE
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DEZERTZOV, NEOMI
Address: 89 FIFTH AVENUE, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10003

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: NEOMI DEZERTZOV

MGRM

02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date