2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000015745

1. Entity Name
DESOTO PROPERTIES, LLC

Principal Place of Business	Mailing Address
C/O SHAUL RIKMAN 506 S. DIXIE HWY. HALLANDALE, FL 33009	C/O SHAUL RIKMAN 506 S. DIXIE HWY. HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

03312006No Chg-LLC CR2E083 (11/05)

4. FEI Number
82-0559122
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARCUS, ALAN J
20803 BISCAYNE BLVD., STE. 301
AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2006

U00000493813
04/24/06-80044-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	RIKMAN, SHAUL
STREET ADDRESS	C/O ISRAM REALTY, 506 S. DIXIE HWY.
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Shaul Rikman 04/01/06 (954)455-2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #