## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L02000030046

1. Entity Name

DEAN/CARSON SOUTH PLATTE, LLC



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

9100 S. DADELAND BLVD. #901 MIAMI, FL 33156-7815 Mailing Address

9100 S. DADELAND BLVD. #901 MIAMI, FL 33156-7815



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01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 58-3666542

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TESCHER GUTTER CHAVES JOSEPHER RUBIN RUFFI 2101 CORPORATE BLVD. SUITE 107 BOCA RATON, FL 33431

# DO NOT WRITE IN THIS SPACE

8	<ul> <li>The above named entity submits this statement for the purpose of changing its the obligations of registered agent.</li> </ul>	registered office or registere	ed agent, or both, in the Stat	e of Florida. Ta	am familiar with, and accept
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- Signature.

Signature, typed or printed name of ragistered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

OATE

#### Filing Fee Is \$50.00 Due by May 1, 2007

- - 000000597907 31724707~80055-010-51

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEAN, HARRY 9100 S DADELAND BLVD., SUITE 901 MIAM1, FL 33156	_		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	<u>-</u>	_		
11 I haraby a	contributed information conclined with this filling does not qualify for the or			

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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

HARRY DEAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

x 1-17-07 914-631-0702

Date

Daytime Phone #