

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000002855**

1. Entity Name  
**DSY DEVELOPERS, LLC**



Principal Place of Business  
**8360 W. OAKLAND PARK BLVD.  
SUITE 201  
SUNRISE, FL 33351**

Mailing Address  
**8360 W. OAKLAND PARK BLVD.  
SUITE 201  
SUNRISE, FL 33351**



01062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FES Number  
**47-0912276**

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 ESQ  
20803 BISCAYNE BLVD. SUITE 301  
AVENTURA, FL 33180**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

1103000478377

04/08/06-00003-012 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KADOCH, DAVID  
8360 W. OAKLAND PARK BLVD.  
SUNRISE, FL 33351**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SARAF, YOEL  
10101 COLLINS AVE., UNIT 19E  
BAL HARBOUR, FL 33154**

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:** \_\_\_\_\_

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

**3/20/06**

Date

Daytime Phone # \_\_\_\_\_