


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000002855</b> 1. Entity Name DSY DEVELOPERS, LLC	
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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
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01112007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 47-0912276	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  MARCUS, ALAN J ESQ 20803 BISCAYNE BLVD. SUITE 301 AVENTURA, FL 33180	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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, 2007**

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
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04/26/07-80038-014 55.00

**DO NOT WRITE  
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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 606, Florida Statutes.

SIGNATURE: DAVID KADOCH  
*David Kadoch*

4/11/07 954-749-2030

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

Date

Daytime Phone #