

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000009749

1. Entity Name  
DEZER BEACH PROPERTIES, LLC



**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
18001 COLLINS AVENUE  
31ST FLOOR  
SUNNY ISLES BEACH, FL 33160 US

Mailing Address  
18001 COLLINS AVENUE  
31ST FLOOR  
SUNNY ISLES BEACH, FL 33160 US



04182007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

14-1875804

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

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  
MGRM  
DEZER, MICHAEL  
89 FIFTH AVENUE, 11TH FLR  
NEW YORK, NY 10003

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DEZERZOI, NEOMI  
89 FIFTH AVENUE, 11TH FLR  
NEW YORK, NY 10003

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

U000000745129  
05/16/07-80017-016 50.00

**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:

*Dezert*

*L. Salmon*

*4/27/07*

*212 929 1285*

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

Date

Daytime Phone #