

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90307 011 \*\*\*\*50.00

**DOCUMENT # L03000011481**

1. Entity Name  
**DEZER-DESERT INN VENTURES, LLC**



Principal Place of Business  
**1800 COLLINS AVENUE  
31ST FLOOR  
SUNNY ISLES BEACH, FL 33160 US**

Mailing Address  
**1800 COLLINS AVENUE  
31ST FLOOR  
SUNNY ISLES BEACH, FL 33160 US**

**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**75-3109289**

Applied For  
Not Applicable

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

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

**FIELDSTONE, RONALD  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134**

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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 MICHAEL  
DEZER, MANDEL  
18001 COLLINS AVE, 31ST FLR.  
SUNNY ISLES BEACH, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DEZER, NAMI  
18001 COLLINS AVE, 31ST FLR.  
SUNNY ISLES BEACH, FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #

*Neon Dezer* **Neon Dezer** 4/23/07