


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90021 047 \*\*\*\*50.00

<b>DOCUMENT # L03000021265</b>	
1. Entity Name <b>DESIE-LU PROPERTIES, LLC</b>	

Principal Place of Business <b>13117 NW 107TH AVE. HIALEAH, FL 33018</b>	Mailing Address <b>13117 NW 107TH AVE. HIALEAH, FL 33018</b>
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2. Principal Place of Business <b>13117 N.W. 107<sup>th</sup> AVE.</b>	3. Mailing Address <b>13117 N.W. 107<sup>th</sup> AVE.</b>
Suite, Apt. #, etc. <b>UNIT 14-E</b>	Suite, Apt. #, etc. <b>UNIT 14-E</b>
City & State <b>HIALEAH GARDENS, FL</b>	City & State <b>HIALEAH, GARDENS, FL</b>
Zip <b>33018</b>	Zip <b>33018</b>
Country	Country



02202005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WUKOVITS, LUANNE 200 S BISCAYNE BLVD, STE 4900 MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name <b>KENNETH R. WUKOVITS</b> Street Address (P.O. Box Number is Not Acceptable) <b>269 LAUREL WAY</b> City <b>MIAMI</b> FL Zip Code <b>33166</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 *Kenneth R. Wukovits - PRESIDENT* DATE *3/26/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WUKOVITS, KENNETH R 13117 NW 107TH AVE 14-E HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EHRMAN, PAULE 13117 NW 107TH AVE 14-E HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Paul Chuman* DATE *4/9/05* 305-512-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #