


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000044908</b>	
1. Entity Name DUSKIN PROPERTIES, LLC	

Principal Place of Business 942 N.W. 56TH STREET FT. LAUDERDALE, FL 33309	Mailing Address 942 N.W. 56TH STREET FT. LAUDERDALE, FL 33309
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**DO NOT WRITE IN THIS SPACE**

03082008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 26-0089059	Applied For 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

DUSKIN, RICHARD  
 942 NW 56 STREET  
 FORT LAUDERDALE, FL 33309

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

1000000856002  
 03/27/08 200374 009 138.75  
 DATE

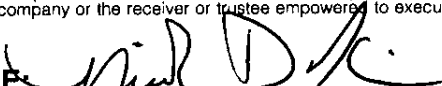
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUSKIN, RICHARD & NICOLE, TEN-ENT 942 N.W. 56TH STREET FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUSKIN, MICHAEL & ANGELA, TEN-ENT 942 N.W. 56TH STREET FT. LAUDERDALE, FL 33309
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.

**SIGNATURE:**  **3/08/08** **954-776-4777**

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