


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000057655 1. Entity Name DEZERBRAND FLORIDA, LLC	
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Principal Place of Business 18001 COLLINS AVE. SUNNY ISLES BEACH, FL 33160	Mailing Address 18001 COLLINS AVE. SUNNY ISLES BEACH, FL 33160
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04282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2878129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SHEAR, DAVID 201 ALHAMBRA CIR. SUITE 601 CORAL GABLES, FL 33134
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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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZER, GIL 18001 COLLINS AVE. SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALMON, LESLIE D 89 FIFTH AVE NEW YORK, NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZERTZOV, ESTEE 89 FIFTH AVE NEW YORK, NY 10003
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000550574 05/13/06-80066-010 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 609, Florida Statutes.

SIGNATURE: *Dezer Gil* *L. Salmon* *4/28/06* *2129291285*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #