


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000071328 1. Entity Name TEAM DEZER II, LLC	
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Principal Place of Business 18001 COLLINS AVENUE, 31ST FLOOR SUNNY ISLES BEACH, FL 33160	Mailing Address 18001 COLLINS AVENUE, 31ST FLOOR SUNNY ISLES BEACH, FL 33160
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04282006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3131476	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEZER, MICHAEL 18001 COLLINS AVENUE SUNNY ISLES BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALMON, LESLIE 89 FIFTH AVENUE NEW YORK, NY 10003
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05/13/06-80066-009 50.00

**DO NOT WRITE
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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:  L. Salmon 4/28/06 212.929.1285 x24

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

Date

Daytime Phone #