

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055249

FILED
Apr 24, 2006
Secretary of State

Entity Name: DEDA LLC

Current Principal Place of Business:

1900 SUNSET DRIVE
715
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1900 SUNSET DRIVE
715
MIAMI BEACH, FL 33139

New Mailing Address:

900 16TH STREET
#210
MIAMI BEACH, FL 33139

FEI Number: 04-3816922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOJANOVIC, ALEKSANDAR
631 JEFFERSON AVE
504
MIAMI BEACH, FL FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STOJANOVIC, ALEKSANDAR
Address: 631 JEFFERSON AVE APT 504
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR () Delete
Name: PETROVIC, VUKAN
Address: 2625 COLLINS APT 416
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGR () Delete
Name: STOJANOVIC, BORIS
Address: 631 JEFFERSON AVE APT 504
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VUKAN PETROVIC

MGR

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date