


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90053 010 \*\*\*\*50.00

**DOCUMENT # L05000057746**

1. Entity Name  
 DCOTA DESIGN SERVICES, LLC



Principal Place of Business  
 INTERNATIONAL PLAZA  
 750 LEXINGTON AVENUE, 28TH FLOOR  
 NEW YORK, NY 10022

Mailing Address  
 INTERNATIONAL PLAZA  
 750 LEXINGTON AVENUE, 28TH FLOOR  
 NEW YORK, NY 10022

20046215



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

Zip Country

05082006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3065620** Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ANGELL CORPORATE SERVICES, INC.  
 ONE NORTH CLEMATIS STREET  
 SUITE 400  
 WEST PALM BEACH, FL 33401

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**Filing Fee is \$50.00  
 Due by September 6, 2006**

**Make check payable to  
 Florida Department of State**


**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, CHARLES S.</b>	
STREET ADDRESS	<b>750 LEXINGTON AVE 28TH FL</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **5/23/06** **212-838-1800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #