


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000098600 1. Entity Name DESERT HOT SPRINGS, LLC	
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Principal Place of Business 443 ESPANOLA WAY SUITE 305 MIAMI BEACH FL 33139	Mailing Address 443 ESPANOLA WAY SUITE 305 MIAMI BEACH FL 33139
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number <p style="text-align: center;">76-0801631</p> Applied For <input type="checkbox"/> Not Applicable
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1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent LAMONICA, DAWN 443 ESPANOLA WAY SUITE 305 MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	ROBINS, GINA 443 ESPANOLA WAY, #305 MIAMI BEACH FL 33139	<input type="checkbox"/>			<input type="checkbox"/>
MGRM	KRAMER, ROBERT 443 ESPANOLA WAY, #305 MIAMI BEACH FL 33139	<input type="checkbox"/>			<input type="checkbox"/>
MGRM	ALPERIN, LEAH 443 ESPANOLA WAY, #305 MIAMI BEACH FL 33139	<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

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03/13/07-80048-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #