

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90139 032 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                                                                                          |                                                                                                                                                                                                                      |                                                        |                                                                              |
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| <b>DOCUMENT # L05000120181</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                                                                                                          |                                                                                                                                                                                                                      |                                                        |                                                                              |
| <b>1. Entity Name</b><br>DAZ PROPERTIES L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                                                                                                          |                                                                                                                                                                                                                      |                                                        |                                                                              |
| <b>Principal Place of Business</b><br>8290 S.W. 48 STREET<br>MIAMI, FL 33155                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                                                                                          | <b>Mailing Address</b><br>PO BOX 441925<br>MIAMI, FL 33144                                                                                                                                                           |                                                        |                                                                              |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>814 PONCE DE LEON BLVD<br>Suite, Apt. #, etc.<br>#400<br>City & State<br>CORAL GABLES, FL<br>Zip<br>33134<br>Country<br>USA                                                                                                                                                                                                                                                                                                                            |                                                                    | <b>3. Mailing Address</b><br>814 PONCE DE LEON BLVD<br>Suite, Apt. #, etc.<br>#400<br>City & State<br>CORAL GABLES, FL<br>Zip<br>33134<br>Country<br>USA |                                                                                                                                                                                                                      |                                                        |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                                                                                          |                                                                                                                                                                                                                      |                                                        |                                                                              |
| 02132008    Chg-LLC    CR2E083 (12/06)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                                                                                                          |                                                                                                                                                                                                                      |                                                        |                                                                              |
| <b>4. FEI Number</b><br>54-2189538                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                                                                                                          |                                                                                                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |                                                                              |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                          |                                                                                                                                                                                                                      | <b>\$5.00 Additional Fee Required</b>                  |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br>ZULLY, RUIZ<br>8290 S.W. 48 ST.<br>MIAMI, FL 33155                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                                                                                          | <b>7. Name and Address of New Registered Agent</b><br>Name<br>ZULLY RUIZ<br>Street Address (P.O. Box Number is Not Acceptable)<br>814 PONCE DE LEON BLVD.<br>#400<br>City<br>CORAL GABLES    FL    Zip Code<br>33134 |                                                        |                                                                              |
| <b>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.</b>                                                                                                                                                                                                                                                                            |                                                                    |                                                                                                                                                          |                                                                                                                                                                                                                      |                                                        |                                                                              |
| SIGNATURE <u>ZULLY RUIZ MANAGING MEMBER</u> 3/4/08<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                          |                                                                                                                                                                                                                      |                                                        |                                                                              |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                                                                                          | Make check payable to<br>Florida Department of State                                                                                                                                                                 |                                                        |                                                                              |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                                                                                          | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                         |                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGRM<br>BUDEJEN, DANIA<br>8290 S.W. 48S T<br>MIAMI, FL 33155       | <input type="checkbox"/> Delete                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | 814 PONCE DE LEON BLVD. #400<br>CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGRM<br>GARCIA, ALINA<br>8440 GRAND CANAL DRIVE<br>MIAMI, FL 33174 | <input type="checkbox"/> Delete                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       |                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MGRM<br>RUIZ, ZULLY<br>8290 S.W. 48 ST<br>MIAMI, FL 33155          | <input type="checkbox"/> Delete                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | 814 PONCE DE LEON BLVD. #400<br>CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    | <input type="checkbox"/> Delete                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       |                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    | <input type="checkbox"/> Delete                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       |                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    | <input type="checkbox"/> Delete                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       |                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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.</b> |                                                                    |                                                                                                                                                          |                                                                                                                                                                                                                      |                                                        |                                                                              |
| SIGNATURE: <u>Zully Ruiz, Management Member</u> 3/4/08    305 774-2911<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>                                                                                                                                                                                                                                                                                       |                                                                    |                                                                                                                                                          |                                                                                                                                                                                                                      |                                                        |                                                                              |