2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 31, 2008 08:00 AN Secretary of State

ANNUAL REPURT	
DOCUMENT # L06000037991	

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1. Entity Name

Principal Place of Business

Mailing Address

19482 38TH COURT

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SUNNY ISLES BEACH, FL 33160 US

ZASLOW PROPERTIES, LLC

SUNNY ISLES BEACH, FL 33160 U

DO NOT WRITE IN THIS SPACE

03052008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4759846 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

SAUERBERG, ERIC M 200 VILLAGE SQUARE CROSSING SUITE 102 PALM BEACH GARDENS, FL 33410 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	
_	ANATURE	

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 <u>U000000975370</u> 04/11/08-80095-012 138.75

9.		MANAGING MEMBERS/MANAGERS	
N#	TLE Ame Treet address Ty-SI-ZIP	MGR ZASLOW, DORLENE 19482 38TH COURT SUNNY ISLES BEACH, FL 33160	
N/ ST	TLE AME TREET ADDRESS TY-ST-ZIP	MGR ZASLOW, DENNIS B DO 19482 38TH COURT SUNNY ISLES BEACH, FL 33160	
N# ST	TLE AME REET ADDRESS TY-ST-ZIP		
NA ST	TLE AME TREET ADDRESS TY-ST-ZIP		
NA ST	tle Ame Treet address Ty-St-Zip		
NA ST	TLE AME REET ADDRESS TY-ST-ZIP		
11. I hereby certify that the information supplied with this filling does not qualify for the e			

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 eath; 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:

UREAN TYPED OR PRINTED NAME OF LIGHTING MANAGERS MEMBER, OR AUTHORIZED REPRESENTATIV

3/23/08

Daytime Phone #