

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90304 039 ***138.75

60025462



DOCUMENT # L06000053018 1. Entity Name DEEPROPERTIES4LTD. CO.					
Principal Place of Business 2141 NE 24TH ST FT LAUDERDALE, FL 33305			Mailing Address 2141 NE 24TH ST FT LAUDERDALE, FL 33305		
2. Principal Place of Business - No P.O. Box # 2631 NE 14th AVE.		3. Mailing Address 2631 NE 14th AVE.		04152008 Chg-LLC CR2E083 (12/06) 4. FEI Number NOT APPLICABLE Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Suite, Apt. #, etc. PENTHOUSE 400		Suite, Apt. #, etc. PENTHOUSE 400			
City & State WILTON MANORS, FL		City & State WILTON MANORS, FL			
Zip 33334	Country	Zip 33334	Country		
6. Name and Address of Current Registered Agent SELZER, JEFFREY S ESQ 2550 NE 15TH AVE FORT LAUDERDALE, FL 33305				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE RIGGI, ANTHONY A 2141 NE 24TH ST FT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE RIGGI, ANTHONY A. 2631 NE 14th AVE. PENTHOUSE 400 WILTON MANORS, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Anthony A. DeRiggi</i> ANTHONY A. DERIGGI 4/17/08 954-571-5400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					