

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122531

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** DEZER BLUE GRASS LLC

**Current Principal Place of Business:**

18001 COLLINS AVENUE, 31ST FLOOR  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18001 COLLINS AVENUE, 31ST FLOOR  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRANT, BARRY M  
200 SOUTH BISCAYNE BLVD., 6TH FLOOR  
MIAMI, FL 331312310 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DEZER, MICHAEL  
Address: 18001 COLLINS AVENUE, 31ST FLOOR  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR  
Name: DEZERTZOV, NEOMI  
Address: 18001 COLLINS AVENUE, 31ST FLOOR  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR  
Name: DEZER, GIL  
Address: 18001 COLLINS AVENUE, 31ST FLOOR  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGR  
Name: DEZER, LESLIE  
Address: 89 FIFTH AVE., 11TH FLOOR  
City-St-Zip: NEW YORK, NY 10003

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL DEZER

MGR

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date