

2001 UNIFORM BUSINESS REPORT (UBR)

0010260 AF

DOCUMENT # **L98000000666**

1. Entity Name

DP LUXURY VENTURES L.L.C.

FILED

01 MAR 29 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 18401 COLLINS AVENUE MIAMI BEACH FL 33160	Mailing Address 18401 COLLINS AVENUE MIAMI BEACH FL 33160
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2. Principal Place of Business 18101 Collins Avenue Suite, Apt. #, etc.	3. Mailing Address 18101 Collins Avenue Suite, Apt. #, etc.
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City & State Sunny Isles Beach, FL	City & State Sunny Isles Beach, FL	4. FEI Number 65-0892312	Applied For <input type="checkbox"/> Not Applicable
Zip 33160	Country USA	Zip 33160	Country USA

6. Name and Address of Current Registered Agent DEZERTZOV, NEOMI 18401 COLLINS AVENUE MIAMI BEACH FL 33160	
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7. Name and Address of New Registered Agent Name Ronald R. Fieldstone Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite 601 City Coral Gables FL Zip Code 33134	
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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.	
SIGNATURE 	RONALD R. FIELDSTONE 3/7/01 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 Department of State

300003993143-8
-04/12/01--01008--007
*******50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM DEZER, MICHAEL 18401 COLLINS AVENUE MIAMI BEACH FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM DEZERTZOV, NEOMI 18401 COLLINS AVENUE MIAMI BEACH FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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 exemption stated in Section 119.07(3)(i), 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:	Neomi Dezertzov	3/26/01	212-929-1285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

CR2E083 (11/00)