


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L98000003363</b> 1. Entity Name <b>DAMATOW MANAGEMENT, LC.</b>	
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Principal Place of Business <b>110 NE 40 ST MIAMI, FL 33137</b>	Mailing Address <b>110 NE 40 ST MIAMI, FL 33137</b>
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**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>65-0883042</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>DAMATOV, DAVID 10744 RICHMOND PLACE COOPER CITY, FL 33026</b>
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**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

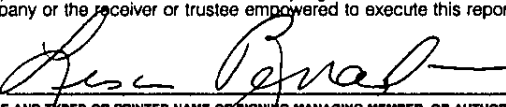
**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000661321  
03/20/07-80036-004 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISCHER, REBECCA D 10960 HAWKS VISTA STREET PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAMATOV, DAVID 10744 RICHMOND PLACE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENAYOUN, LISA 10870 NW S ST FORT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **LISA Benayoun** 2/28/07 305-573-5619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #