


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

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



03032008 No Chg-LLC

CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent DAMATOV, DAVID 10744 RICHMOND PLACE COOPER CITY, FL 33026
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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 _____


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/20/08-80024-019 143.75

**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:  **3/3/08** **305-573-5619**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #