

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003363

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: DAMATOW MANAGEMENT, LC.

**Current Principal Place of Business:**

110 NE 40 ST  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

110 NE 40 ST  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 65-0883042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DAMATOV, DAVID  
10744 RICHMOND PLACE  
COOPER CITY, FL 33026 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 ( ) Delete  
Name: FISCHER, REBECCA D  
Address: 10960 HAWKS VISTA STREET  
City-St-Zip: PLANTATION, FL 33324

Title: MGR ( ) Delete  
Name: DAMATOV, DAVID  
Address: 10744 RICHMOND PLACE  
City-St-Zip: COOPER CITY, FL 33026

Title: MGR ( ) Delete  
Name: BENAYOUN, LISA  
Address: 10870 NW S ST  
City-St-Zip: FORT LAUDERDALE, FL 33324

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID DAMATOV

MGR

01/20/2009

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