2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90024 014 ****50.00

DOCUMENT # L99000005409

1. Entity Name
D.P. MONACO, L.L.C.

Principal Place of Business	Mailing Address
17501 COLLINS AVE. SUNNY ISLES BEACH, FL 33160	17501 COLLINS AVE. SUNNY ISLES BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

03312004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3673758
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHIMOFF, IRVING, ESQ Deceased
STREET ADDRESS	100 SE 2ND STREET SUITE 3920
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	DEZERTZOV, NEOMI
STREET ADDRESS	89 5TH AVE., 11TH FL
CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	MGR
NAME	DEZERTZOV, MICHAEL
STREET ADDRESS	89 5TH AVE., 11TH FL
CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Neoma Dezertzov 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #