


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90180 030 \*\*\*\*50.00

<b>DOCUMENT # M01000000666</b> 1. Entity Name DAPPER PROPERTIES I, LLC	
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Principal Place of Business C/O THED NEWKIRK GROUP TWO JERICO PLAZA, WING A, SUITE 111 JERICO, NY 11753	Mailing Address C/O THED NEWKIRK GROUP TWO JERICO PLAZA, WING A, SUITE 111 JERICO, NY 11753
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**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-415551	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAPPER EQUITY INC. LLC <i>Dapper Equity I LLC</i> TWO JERICO PLAZA, WING A, SUITE 111 JERICO, NY 11753
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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: <i>By: Dapper Equity I LLC, managing member</i> <i>Michael Ashen</i>	Date: <i>1/23/06</i>	Daytime Phone #: <i>516 822 0022</i>
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