

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000666

FILED
Jun 22, 2007
Secretary of State

Entity Name: DAPPER PROPERTIES I, LLC

Current Principal Place of Business:

C/O THED NEWKIRK GROUP
TWO JERICO PLAZA, WING A, SUITE 111
JERICO, NY 11753

New Principal Place of Business:

C/O THE NEWKIRK GROUP
TWO JERICO PLAZA, WING A, SUITE 111
JERICO, NY 11753

Current Mailing Address:

C/O THED NEWKIRK GROUP
TWO JERICO PLAZA, WING A, SUITE 111
JERICO, NY 11753

New Mailing Address:

C/O THE NEWKIRK GROUP
TWO JERICO PLAZA, WING A, SUITE 111
JERICO, NY 11753

FEI Number: 13-4155551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM () Delete
Name: DAPPER EQUITY I, LLC, .
Address: TWO JERICO PLAZA, WING A, SUITE 111
City-St-Zip: JERICO, NY 11753

ADDITIONS/CHANGES:

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: MICHAEL ASHNER

MGR

06/22/2007

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