

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 22, 2008 8:00 am**  
**Secretary of State**

07-22-2008 90026 005 \*\*\*538.75

DOCUMENT # M03000002674

1. Entity Name  
DZ PLAZA I, LLC



Principal Place of Business

~~3 NEW YORK PLAZA~~ 18 East 50<sup>th</sup> St  
~~19TH FLOOR~~  
NEW YORK, NY ~~10004~~  
10022

Mailing Address

~~3 NEW YORK PLAZA~~ 18 East 50<sup>th</sup> St  
~~19TH FLOOR~~  
NEW YORK, NY ~~10004~~  
10022

50008777



07092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1188641

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMON, BERT C ESQ  
1660 PRUDENTIAL DRIVE STE 203  
JACKSONVILLE, FL 32207

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

|                |  |
|----------------|--|
| TITLE          | MGRM   |
| NAME           | WEST 12TH STREET OWNERS, INC.                            |
| STREET ADDRESS | 3 NEW YORK PLAZA, 19TH FLOOR 18 East 50 <sup>th</sup> St |
| CITY-ST-ZIP    | NEW YORK, NY <del>10004</del> 10022                      |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/15/08