## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT\_\_\_\_

SIGNATURE:

## FILED Jan 17, 2006 08:00 AM Secretary of State

| DOCUN  1. Entity Name  DMTR, LL  |  | 253                                      |  |  |   |
|--|--|--|--|--|---|
| Principal Place of Business  720 FIFTH AVENUE, 9TH FLOOR NEW YORK, NY 10019  Mailing Address  720 FIFTH AVENUE, 9TH FLOOR NEW YORK, NY 10019   |  |  | OR   |  | (ine # (ine 1/8e # # ine)                         |
|  |  |  |  |  |   |
|  | Note that the second of the second   | )  |  | 01102006 No Chg-LLC CR2E083  |   |
| DO NOT WRITE IN THIS SPACE   |  |  | CE   | 4. FEI Number<br>06-1594467  | Applied For Not Applicable                        |
|  |  |  |  |  | 5.00 Additional<br>e Required                     |
|  | 6. Name and Address of Current F   | Registered Agent                         |  |  |   |
| GARY M. KRASNA, P.A.<br>3010 N. MILITARY TRAIL, SUITE 210<br>BOCA RATON, FL 33431  |  |  | 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 prince name of registered agent and title if applicable (NOTE Registered Agent signature required when refusators)  DATE |  |  |  |  |   |
| Filing Fee is \$50.00<br>Oue by May 1, 2008  |  |  |  |  |   |
| 9.   | MANAGING MEMBE   | RS/MANAGERS                              |  |  |   |
| NAME STREET ADDRESS CITY-ST-ZIP  | GALLOWAY, BRUCE 720 FIFTH AVENUE, 9TH FLOO NEW YORK, NY 10019  | R  |  |  |   |
| ICILE  |  | <del> </del>                             |  |  |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |  | ######################################   | 207 50.00   |
| TITLE<br>NAME  |  |  |  | , ,  |   |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  |  | DO NOT WRITE   | r<br>1<br>2                                       |
| TICLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |  | IN THIS SPACE  |   |
| ITTLE  |  | <del> </del>                             |  |  |   |
| NAME<br>STREET ADDRESS   |  |  |  |  |   |
| CHY-ST-ZIP   |  |  |  |  |   |
| NAME   | 1  |  |  |  |   |
| STREET ADDRESS<br>CITY+ST-ZIP  |  |  |  |  |   |
| 11. I hereby indicated limited list  | certify that the information supplied with an this report is true and accurate an ability company or the receiver or true. | th this filling does not qualify for the | exemptions contain<br>same legal effect as | ned in Chapter 119, Florida Statutes. I further certing if made under oath; that I am a managing members 2018, Plainta Statutes. | ify that the information<br>ber or manager of the |

OR PRINTED NAME OF SIGNING MANAGING WEMBER, OR AUTHORIZED REPRESENTATIVE

Date

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