

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90032 031 \*\*\*\*50.00

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04012004 Chg-LLC CR2E083 (10/03)

DOCUMENT # M96000000294			
1. Entity Name DEZER PROPERTIES LLC			
Principal Place of Business 18101 COLLINS AVE. SUNNY ISLES BEACH, FL 33160		Mailing Address 18101 COLLINS AVE. SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business 18001 Collins Ave Suite, Apt. #, etc. 31 <sup>st</sup> Floor City & State Sunny Isles Beach, FL Zip 33160 Country U.S.A.		3. Mailing Address 18001 Collins Ave. Suite, Apt. #, etc. 31 <sup>st</sup> Floor City & State Sunny Isles Beach, FL Zip 33160 Country U.S.A.	
4. FEI Number 13-2816452		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEZER, MICHAEL 8701 COLLINS AVENUE MIAMI BEACH, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEZERTZOV, NEOMI 8701 COLLINS AVENUE MIAMI BEACH, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Neomi Dezertzov* **Date:** 4/7/04 **Daytime Phone #:** 212 9291285

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