



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000249521</b>		2. Exact name of the limited liability company <b>DPZ Partners, LLC</b>	
3. State of Formation <b>Florida</b>		4. Brief description of the character of business conducted in Rhode Island <b>Urban Design / Town Planners</b>	
5. Principal office address <b>1023 SW 25<sup>th</sup> Avenue</b>		City <b>Miami</b>	State <b>Florida</b>
		Zip <b>33135</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Andrés M. Duaný</b>		Contact Title <b>Manager</b>	
Street Address <b>1023 SW 25<sup>th</sup> Avenue</b>		City <b>Miami</b>	State <b>Florida</b>
		Zip <b>33135</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Andrés M. Duaný</b>		Manager Name <b>Galina Tachieva</b>	
Street Address <b>6612 LeJeune Road</b>		Street Address <b>614 Aledo Avenue</b>	
City <b>Coral Gables</b>	State <b>FL</b>	Zip <b>33146</b>	City <b>Coral Gables</b>
			State <b>FL</b>
			Zip <b>33134</b>
Manager Name <b>Elizabeth Plater-Zyberk</b>		Manager Name	
Street Address <b>6612 LeJeune Road</b>		Street Address	
City <b>Coral Gables</b>	State <b>FL</b>	Zip <b>33146</b>	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

**FILED**

AUG 01 2016

By KL21110

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

**Andrés M. Duaný**

Print or Type Name of Authorized Person