
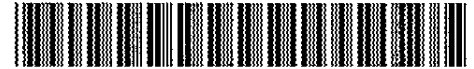


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000006102</b> 1. Entity Name <b>DELORENZO PROPERTIES, L.C.</b>		
Principal Place of Business <b>1495 EVANS ST SUITE 100 OVIEDO FL 32765</b>		Mailing Address <b>1495 EVANS ST SUITE 100 OVIEDO FL 32765</b>
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
	Country	



MOORE CR2E083 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>MALONE, MICHAEL 523 WEST COLONIAL DRIVE ORLANDO FL 32804</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <span style="font-size: 1.2em;"><b>FL</b></span>    Zip Code             </div>
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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 file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>DELORENZO, ROBERT A</b> <b>1495 EVANS ST., STE 100</b> <b>OVIEDO FL 32765</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center;"> <span style="font-size: 1.2em;">U00000024577</span>  <span style="font-size: 1.2em;">02/02/04-80071-014 50.00</span> </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>LENOCI, NICHOLAS JR.</b> <b>3100 NORTH OCEAN BLVD., #1506</b> <b>FT. LAUDERDALE FL 33308</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>BIASETTI, JONETHAN D</b> <b>3825 LYNN AVE., SOUTH</b> <b>ST. LOUIS PARK MN 55416</b>	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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:       Date: 1-28-04      Daytime Phone #: 407-366-0360