


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90039 014 ****50.00

DOCUMENT # L00000015987		
1. Entity Name DELMAN GROUP I LLC		

Principal Place of Business 19322 CHAPEL CREEK DRIVE BOCA RATON, FL 33434	Mailing Address 19322 CHAPEL CREEK DRIVE BOCA RATON, FL 33434
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2. Principal Place of Business - No P.O. Box # 4779 Collins Ave Suite, Apt. #, etc. Apt. 3802	3. Mailing Address 7 Horseshoe Road Suite, Apt. #, etc.
City & State Miami, FL	City & State Old Westbury, NY
Zip 33140	Country USA
Zip 11568	Country USA



07072007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1062747	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 DELMAN, ROBERT 19322 CHAPEL CREEK DRIVE BOCA RATON, FL 33434	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4779 Collins Avenue Apt. 3802 City Miami FL Zip Code 33140
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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 Robert Delman DATE 7/10/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when running.)

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELMAN, ROBERT 19322 CHAPEL CREEK DRIVE BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 Horseshoe Road Old Westbury, NY 11568 <input checked="" 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 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: Robert Delman Date July 10, 2007 Daytime Phone # 516/625-8507

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