


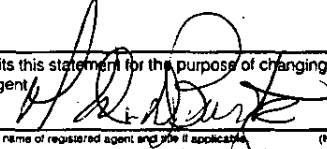

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

2/1

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90078 011 \*\*\*\*50.00

**34000572**

<b>DOCUMENT # L02000022567</b>			
1. Entity Name DELP & CANG INVESTMENTS GROUP, LLC			
Principal Place of Business 9400 SOUTH DADELAND BLVD., SUITE 600 MIAMI, FL 33156		Mailing Address 9400 SOUTH DADELAND BLVD., SUITE 600 MIAMI, FL 33156	
2. Principal Place of Business		3. Mailing Address 9524 SW 101 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33176	US
4. FEI Number 04-3714058		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		7. Name and Address of New Registered Agent	
RIFKIN, ELIOT W. ESQ. DADELAND TOWERS SOUTH 9400 SOUTH DADELAND BLVD., SUITE 600 MIAMI, FL 33156		Name: Wayne Leventhal Street Address (P.O. Box Number is Not Acceptable): 9524 SW 101 Terrace City: Miami FL Zip Code: 33176	
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:	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR <input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	mar. maria margarita del Burgo Leventhal	
NAME: MARIA MARGARITA DEL BURGO LEVENTHAL	NAME: maria margarita del Burgo Leventhal	9524 SW 101 Terrace	
STREET ADDRESS: 12079 SW 131 AVE	STREET ADDRESS: 9524 SW 101 Terrace	Miami, FL 33176	
CITY-ST-ZIP: MIAMI, FL 33186	CITY-ST-ZIP: Miami, FL 33176		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	NAME:		
STREET ADDRESS:	STREET ADDRESS:		
CITY-ST-ZIP:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	NAME:		
STREET ADDRESS:	STREET ADDRESS:		
CITY-ST-ZIP:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	NAME:		
STREET ADDRESS:	STREET ADDRESS:		
CITY-ST-ZIP:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	NAME:		
STREET ADDRESS:	STREET ADDRESS:		
CITY-ST-ZIP:	CITY-ST-ZIP:		
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: 		Date: _____ Daytime Phone #: _____	