

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0011816

DOCUMENT # L02000030180

1. Entity Name
DELRAY LAND HOLDINGS, LLC



FILED

03 OCT 29 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
1360 N.W. 33RD STREET 1360 N.W. 33RD STREET
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

9/30 CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 20-0318664 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**KLAPHOLZ, JOSEPH P
2500 HOLLYWOOD BLVD., SUITE 212
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent
Name **Steven Retherath**
Street Address (P.O. Box Number is Not Acceptable)
1360 N.W. 33rd Street
City **Pompano Beach** FL Zip Code **33064**

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 *Steven Retherath* **Steven Retherath** 9-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Steven Retherath 1466 Thatch Palm Boca Raton, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Steven Retherath* **Steven Retherath** 9/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)