

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90213 034 \*\*\*\*50.00

**DOCUMENT # L03000052719**

1. Entity Name  
**DELTA BAY INVESTMENTS, LLC**



Principal Place of Business  
**782 NW LEJEUNE RD, LEJEUNE CENTRE STE 650  
C/O ANTONIO D. JACOMINO  
MIAMI, FL 33126**

Mailing Address  
**782 NW LEJEUNE RD, LEJEUNE CENTRE STE 650  
C/O ANTONIO D. JACOMINO  
MIAMI, FL 33126**



2. Principal Place of Business  
**same**

3. Mailing Address  
**same**

Suite, Apt. #, etc.

04052004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number  
**20-0832101**

Applied For  
☐ Not Applicable

Zip Country

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

## 6. Name and Address of Current Registered Agent

**ROBERT ALLEN LAW  
604 BRICKELL KEY DRIVE, SUITE 805  
MIAMI, FL 33131**

## 7. Name and Address of New Registered Agent

Name **Antonio Jacomino CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**782 NW Lejeune Rd.**

**Suite 650**

City **Miami** FL Zip Code **33126**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/8/04**

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete

NAME **Patrone, Alfredo**

STREET ADDRESS **Ave. La Industria Casa Italia**

CITY-ST-ZIP **San Bernardino, Caracas**

## 10. ADDITIONS/CHANGES

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

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:**

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

**4/6/04** **305 442 2470**

Date Daytime Phone #