


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M06000002003**

1. Entity Name  
 9751 DELEGATES DRIVE, LLC



Principal Place of Business 10305 EAST CALLE DEL LAS BRISAS SCOTTSDALE, AZ 85255	Mailing Address 10305 EAST CALLE DEL LAS BRISAS SCOTTSDALE, AZ 85255
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**DO NOT WRITE IN THIS SPACE**



04252007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3934122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MARVIN L. BEAMAN, JR., P.A.  
 605 N. WYMORE ROAD  
 WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JOHN C TRUSTEE 10305 EAST CALLE DEL LAS BRISAS SCOTTSDALE, AZ 85255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, CYNTHIA L TRUSTEE 10305 EAST CALLE DEL LAS BRISAS SCOTTSDALE, AZ 85255
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 05/17/07-80058-025 55.00

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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: *David Hopkins CPA* **DAVID HOPKINS** **4-25-07** **400 948 8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #