


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 03, 2008 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



02132008 No Chg-LLC CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

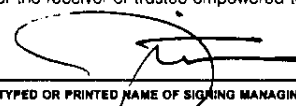
U00000846950
 03/18/08-80043-023 138.75

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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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:  **2/24/08 623-445-9422**

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