2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0600002003

1. Entity Name 9751 DELEGATES DRIVE, LLC



Principal Place of Business

Mailing Address

10305 EAST CALLE DEL LAS BRISAS SCOTTSDALE, AZ 85255 10305 EAST CALLE DEL LAS BRISAS SCOTTSDALE, AZ 85255 FILED Mar 03, 2008 08:00 A Secretary of State



02132008 No Chg-LLC

ARTHUR STANDARD STANDARDS

CR2E083 (12/07)

4. FEI Number	[] Applied For
20-3934122	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

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

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	we named entity submits this statement for the purpose of chang	ging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and ϵ	accept
the obliq	gations of registered agent.		•	
SIGNATUR	E			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	

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

U00000846850 03/18/08-80043-023 138.75

9.	MANAGING MEMBERS/MANAGERS	1000 1000 1000 1000 1000 1000 1000 100
TITLE	MGR	
NAME	WHITE, JOHN C TRUSTEE	
STREET ADDRESS	10305 EAST CALLE DEL LAS BRISAS	The state of the s
CITY-ST - ZIP	SCOTTSDALE, AZ 85255	
TITLE	MGR	The state of the s
NAME	WHITE, CYNTHIA L TRUSTEE	
STREET ADDRESS	10305 EAST CALLE DEL LAS BRISAS	
CITY-ST-ZIP	SCOTTSDALE, AZ 85255	and the second of the second of the first of the second of the
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11. I hereby o	certify that the information supplied with this filing does not qualify for the ex	emptions contained in Chapter 119, Florida Statutes. I further certify that the information

11. I nereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida statutes. I turner 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:

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

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