
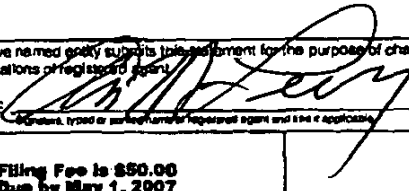


FILED
Jun 04, 2007 8:00 am
Secretary of State

04-27-2007 90033 042 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M06000003471			
1. Entity Name DELRAY CORPORATE CENTER, LLC			
Principal Place of Business 2711 CENTERVILLE ROAD, STE. 400 WILMINGTON, DE 19808		Mailing Address 2711 CENTERVILLE ROAD, STE. 400 WILMINGTON, DE 19808	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number:		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANASTER, JOSHUA D 1428 BRICKELL AVENUE, EIGHTH FLOOR MIAMI, FL 33131		Name: <u>Alan M. Levy</u> Street Address (P.O. Box Number is Not Acceptable): <u>c/o Levy Realty Advisors, Inc.</u> <u>4901 NW 17th Way Ste 103</u> City: <u>Fort Lauderdale</u> FL Zip Code: <u>33309</u>	
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: 		DATE: <u>5/29/07</u>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 7800 MEDLEY WAREHOUSE, J.V. 4901 NW 17TH WAY, #103 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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, and 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: <u>David Kahn Partner</u>		DATE: <u>5/23/07</u>	
SIGNATURE (IF TYPED OR PRINTED NAME OF SHARING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)		DATE	
<u>DAVID KAHN</u>		<u>954 491-5505</u>	

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04182007 Chg-LLC CR2E083 (12/06)