


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90041 005 \*\*\*138.75

<b>DOCUMENT # L03000052719</b>	
1. Entity Name <b>DELTA BAY INVESTMENTS, LLC</b>	

Principal Place of Business <b>782 NW LEJEUNE RD LEJEUNE CNTRE STE 650 C/O ANTONIO D. JACOMINO MIAMI, FL 33126</b>	Mailing Address <b>782 NW LEJEUNE RD LEJEUNE CNTRE STE 650 C/O ANTONIO D. JACOMINO MIAMI, FL 33126</b>
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2. Principal Place of Business - No P.O. Box # <b>5805 Blue Lagoon Dr.</b>	3. Mailing Address <b>5805 Blue Lagoon Dr.</b>
Suite, Apt. #, etc. <b>Suite 220</b>	Suite, Apt. #, etc. <b>Suite 220</b>

City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33126</b>	Zip <b>33126</b>
Country <b>USA</b>	Country <b>USA</b>



02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0832101</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>JACOMINS, ANTONIO CPA 782 NW LEJEUNE RD. STE. 650 MIAMI, FL 33126</b>	7. Name and Address of New Registered Agent Name <b>Jacomino Antonio CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>5805 Blue Lagoon Dr.</b> <b>Suite 220</b> City <b>Miami</b> FL Zip Code <b>33126</b>
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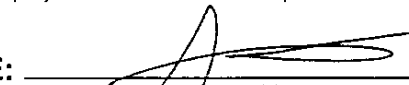
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PATRONE, ALFREDO AVE. LA INDUSTRIA CASA ITLAIA SAN DERNARDINO, CARACAS,</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PATRONE, ALFREDO 5805 Blue Lagoon Dr. Ste. 220 Miami, FL 33126</b> <input checked="" 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; 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.

<b>SIGNATURE:</b>		Date <b>2/13/08</b>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			