2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000814

1. Entity Name
DELMAR 404 LIMITED LIABILITY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1101 N. LAKE DESTINY RD., STE. 250 MAITLAND, FL 32751	1101 N. LAKE DESTINY RD., STE. 250 MAITLAND, FL 32751

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

04202005 Chg-LP CR2E003 (10/03)

4. FEI Number 61-1417027 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAVINO, JOSEPH J *1101 N. LAKE DESTINY RD., STE. 250* MAITLAND, FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.	
$5,000.00	$5000.00	$ 141.25

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	SAVINO, JOSEPH J 1101 N. LAKE DESTINY RD., STE. 250 MAITLAND, FL 32751	STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	EQUIVEST REALTY, INC. 1101 N. LAKE DESTINY RD., STE. 250 MAITLAND, FL 32751	STREET ADDRESS CITY ST ZIP	U00000362880 05/05/05-80137-001 141.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ 4/20/05 (407)660-2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER