

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A02000000814**

1. Entity Name  
**DELMAR 404 LIMITED LIABILITY LIMITED PARTNERSHIP**



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

Mailing Address  
1101 N. LAKE DESTINY RD., STE. 250  
MAITLAND, FL 32751



04122007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
61-1417027

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SAVINO, JOSEPH J  
1101 N. LAKE DESTINY RD., STE. 250  
MAITLAND, FL 32751

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SAVINO, JOSEPH J**  
**1101 N. LAKE DESTINY RD., STE. 250**  
**MAITLAND, FL 32751**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EQUIVEST REALTY, INC.**  
**1101 N. LAKE DESTINY RD., STE. 250**  
**MAITLAND, FL 32751**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000727661  
05/04/07-80057-015 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/07

407-660-1512

STAPLE CHECK HERE