


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90283 005 ****50.00

DOCUMENT # L00000000236	
1. Entity Name DELRAY LINTON ASSOCIATES, LLC	

Principal Place of Business 7025 BERACASA WAY #107 BOCA RATON, FL 33433	Mailing Address 7025 BERACASA WAY #107 BOCA RATON, FL 33433
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2. Principal Place of Business 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106 City & State Boca Raton, FL Zip 33433 Country USA	3. Mailing Address 7284 W. Palmetto Park Rd Suite, Apt. #, etc. Ste 106 City & State Boca Raton, FL Zip 33433 Country USA
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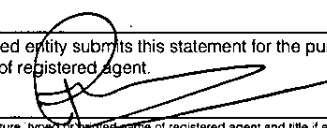


04012004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0984831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BERDUGO, ELIE 7025 BERACASA WAY #107 BOCA RATON, FL 33433	7. Name and Address of New Registered Agent Name Daniel A. Kaskel, P.A. Street Address (P.O. Box Number is Not Acceptable) 7284 W. Palmetto Park Rd - Ste 108 City Boca Raton, FL Zip Code 33433
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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.

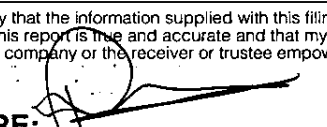
SIGNATURE:  DATE: 4-12-04

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERDUGO, ELIE 7025 BERACASA WAY BOCA RATON, FL 33433 <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 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 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:  DATE: 4-12-04 Daytime Phone #: 561-395-1080

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