

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000000236

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** DELRAY LINTON ASSOCIATES, LLC

**Current Principal Place of Business:**

7538 CHESTER TERRACE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

7538 CHESTER TERRACE  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 65-0984831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZAGHIL, SHILA DORI  
7538 CHESTER TR  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** AMTRUST BANK  
**Address:** 1801 EAST 9TH STREET; 4TH FLOOR  
**City-St-Zip:** CLEVELAND, OH 44114

**Title:** MGRM  
**Name:** SMYET FAMILY PARTNERSHIP LTD  
**Address:** 7538 CHESTER TR  
**City-St-Zip:** BOCA RATON, FL 33433

**Title:** MGM  
**Name:** DBK FAMILY PARTNERSHIP LTD  
**Address:** 22197 LARKSPUR TR  
**City-St-Zip:** BOCA RATON, FL 33433

**Title:** MGRM  
**Name:** MARGHZAR, SOHEIL  
**Address:** 1315 SOUTH SALT AIR AVE; SUITE 203  
**City-St-Zip:** LA, CA 90025

**Title:** MGRM  
**Name:** JAVANIZADEH, LILLY  
**Address:** 1315 SOUTH SALT AIR AVE, SUITE 203  
**City-St-Zip:** LA, CA 90025

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** SHILA DORI ZAGHI

MGRM

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date