

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008445

Entity Name: DEL PRADO, LLC

FILED  
Jan 06, 2006  
Secretary of State

**Current Principal Place of Business:**

1432 SW COURTYARD LANE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 100510  
CAPE CORAL, FL 33910

**New Mailing Address:**

FEI Number: 65-1025234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAHN, JUERGEN  
1432 SW COURTYARDS LN  
#101  
CAPE CORAL, FL 33914 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: MGR ( ) Delete  
Name: HAHN, JUERGEN  
Address: 1432 SW COURTYARD LANE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR ( ) Delete  
Name: FISCHER, ALEXANDRA  
Address: 1432 SW COURTYARD LANE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HAHN, JUERGEN  
Address: POBOX 100510  
City-St-Zip: CAPE CORAL, FL 33910

Title: MGR (X) Change ( ) Addition  
Name: FISCHER, ALEXANDRA  
Address: POBOX 100510  
City-St-Zip: CAPE CORAL, FL 33910

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JUERGEN HAHN

MGR

01/06/2006

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