


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000015445 1. Entity Name DELFIN PARTNERS, L.L.C.					
Principal Place of Business 11401 N.W. 12TH STREET, SUITE 137 MIAMI, FL 33172			Mailing Address 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POLANSKY, MITCHELL S 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33178			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACOSTA-RUBIO, ARIEL 5420 N.W. 114TH AVE #106 MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACUNA, FERNANDO 2665 S. BAYSHORE DRIVE, #703 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
11. 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 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.			400075891344 06/06/06--01047--003 **1800.00		
Ariel Acosta-Rubio SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/10/06 (305) 858-9900 <small>Date Daytime Phone #</small>		

FILED

06 MAY -8 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1074448

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL

Zip Code