


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000015445 1. Entity Name DELFIN PARTNERS, L.L.C.	
--	---

FILED

06 MAY -8 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

6. Name and Address of Current Registered Agent

POLANSKY, MITCHELL S
2665 SOUTH BAYSHORE DRIVE, SUITE 703
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACOSTA-RUBIO, ARIEL			NAME	400075891344		
STREET ADDRESS	5420 N.W. 114TH AVE #106			STREET ADDRESS	06/06/06--01047--003 **1800.00		
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACUNA, FERNANDO			NAME			
STREET ADDRESS	2665 S. BAYSHORE DRIVE, #703			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

Ariel Acosta-Rubio 3/10/06 (305) 858-9900

SIGNATURE: _____ Date _____ Daytime Phone # _____

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