


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

50

<b>DOCUMENT # L00000015445</b> 1. Entity Name <b>DELFIN PARTNERS, L.L.C.</b>						<b>FILED</b> <b>07 MAY 14 PM 1:09</b> THE CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>11401 N.W. 12TH STREET, SUITE 137          MIAMI, FL 33172</b>				Mailing Address <b>2665 S. BAYSHORE DRIVE, SUITE 703          MIAMI, FL 33133</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-1074448</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> <b>POLANSKY, MITCHELL S</b> <b>2665 SOUTH BAYSHORE DRIVE, SUITE 703</b> <b>MIAMI, FL 33178</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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)</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACOSTA-RUBIO, ARIEL 5420 N.W. 114TH AVE #106 MIAMI, FL 33178			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Acosta-Rubio, Ariel 2665 S. Bayshore Drive, Suite 703 Miami, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACUNA, FERNANDO 2665 S. BAYSHORE DRIVE, #703 MIAMI, FL 33133			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700103530797 05/30/07--01032--016 **1100.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; font-family: cursive;">8/25/22</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS 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.							
<b>SIGNATURE:</b> <i>Mitchell S. Polansky</i>				Date: <b>4/30/07</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: <b>(305) 858-9900</b>			