

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90100 041 ****50.00

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DOCUMENT # L00000015987 1. Entity Name DELMAN GROUP I LLC																					
Principal Place of Business 7532 MAHOGANY BEND PL BOCA RATON, FL 33434			Mailing Address 7532 MAHOGANY BEND PL BOCA RATON, FL 33434																		
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 DELMAN, PERRY 7532 MAHOGANT BEND PL BOCA RATON, FL 33434			7. Name and Address of New Registered Agent Name <u>Geraldine Delman</u> Street Address (P.O. Box Number is Not Acceptable) <u>Same</u> City <u>FL</u> Zip Code <u>FL</u>																		
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 <u>Geraldine Delman</u> DATE <u>1/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;">MGR DELMAN, PERRY <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">DELMAN, PERRY</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">7532 MAHOGANY BEND PL</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">BOCA RATON, FL 33434</td> </tr> </table>			TITLE	MGR DELMAN, PERRY <input checked="" type="checkbox"/> Delete	NAME	DELMAN, PERRY	STREET ADDRESS	7532 MAHOGANY BEND PL	CITY-ST-ZIP	BOCA RATON, FL 33434	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;"> Robert Delman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7 Horseshoe Road Old Westbury, NY 11568 </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Robert Delman</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">7 Horseshoe Road</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Old Westbury, NY 11568</td> </tr> </table>			TITLE	Robert Delman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7 Horseshoe Road Old Westbury, NY 11568	NAME	Robert Delman	STREET ADDRESS	7 Horseshoe Road	CITY-ST-ZIP	Old Westbury, NY 11568
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: [Signature] DATE 1/15/05 DAYTIME PHONE # 516/625-8587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE