

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

01-24-2005 90100 042 ****50.00

DOCUMENT # L00000015988 1. Entity Name DELMAN GROUP II LLC					
Principal Place of Business 7532 MAHOGANY BEND PLACE BOCA RATON, FL 33434			Mailing Address 7532 MAHOGANY BEND PLACE BOCA RATON, FL 33434		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		30001080 	
4. FEI Number 65-1062749				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01102005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent DELMAN, PERRY 7532 MAHOGANY BEND PLACE 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		
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> 1/5/05 DATE					
Filing Fee is \$50.00 Due by May 1, 2005		<u>Manager</u>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELMAN, PERRY 7532 MAHOGANY BEND PLACE BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott Delman 30 West 83rd Street, #210PR New York, NY 10023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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: <u>Scott Delman</u>			1/5/05 212/974-9113		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					