


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90133 046 ***138.75

DOCUMENT # L01000009737	
1. Entity Name DELRAY GROUP, LLC	

Principal Place of Business 5432 LINTON BLVD. DELRAY, FL 33428	Mailing Address 1055 NORTH EAST 125TH STREET NORTH MIAMI BEACH, FL 33161
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2. Principal Place of Business - No P.O. Box # 5430 Linton Blvd.	3. Mailing Address 10800 Biscayne Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 600

City & State Delray Beach, FL	City & State North Miami, FL
Zip 33484	Zip 33161
Country USA	Country USA

6. Name and Address of Current Registered Agent MICHAEL I BERNSTEIN, P.A. 1680 MICHIGAN AVE. SUITE 736 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Same (Michael I. Bernstein, P.A.) Street Address 1688 Meridian Ave. Suite 418 City Miami Beach FL Zip Code 33139	
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELRAY GROUP LLC 1055 NORTH EAST 125TH STREET NORTH MIAMI, FL 33161	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
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 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.

SIGNATURE: Annie Maresca 1/15/08 305-981-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #