## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L02000022356

1. Entity Name 6928 DELAND, LLC.

**FILED** May 03, 2005 08:00 AM Secretary of State

Principal Place of Business ...

1601 BELVEDERE RD

SUITE 407 SOUTH

WEST PALM BEACH, FL 33401

Mailing Address

1601 BELVEDERE RD

SUITE 407 SOUTH

WEST PALM BEACH, FL 33401



## DO NOT WRITE IN THIS SPACE

04212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-4228081

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAPES, PAUL 1601 BELVEDERE RD SUITE 407 SOUTH

WEST PALM BEACH, FL 33408

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	iging its regisfered office or registered agent, or l	both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed of printed name of registered agent and fille II applicable	(NOTE Registered Agent signature required when reinstalling)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		Grands Communication Communica
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR METZ, JOHN 1601 BELVEDERE RD STE 4075 WEST PALM BEACH, FL 33406	La <u>nder many (4,4 )</u>	Unannnasans:
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000359061 05/04/05-80137-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

561-296-1570

Daytime Phone #