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

#### DOCUMENT # L02000024129

DLT CONSTRUCTION, LLC



**FILED** Jan 07, 2005 08:00 AM **Secretary of State** 

Principal Place of Business

1201 LIME AVENUE SARASOTA, FL 34238 Mailing Address

1201 LIME AVENUE SARASOTA, FL 34238



### DO NOT WRITE IN THIS SPACE

01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 55-0797030

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of <u>Current Registered</u> Agent

MANDELL, SAUL 8882 BLOOMFIELD BLVD. SARASOTA, FL 34238

### DO NOT WRITE IN THIS SPACE

| ŧ | i. The above named entity automits 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.

Signature, typed or printed name of registered agent and title it applicable.

MANAGRIC MEMBERS MANAGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

# Filing Fee is \$50.00 Due by May 1, 2005

| 9.                     | MANAGING MEMBERS/MANAGERS   | <b>.</b> . <u> </u>   |
|------------------------|---|---|
| TITLE                  | MGR   |   |
| NAME<br>STREET ADDRESS | TELLSTROM, DANIEL<br>1201 N. LIME AVE   |   |
| CITY-ST-ZIP            | SARASOTA, FL 34237  |   |
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| TITLE NAME             | MANDELL SAUL  |   |
| STREET ADDRESS         | 1201 N. LIME AVE  |   |
| City-ST-ZIP            | SARASOTA, FL 34237  | 0   |
| TITLE                  | 0.10.00.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.1.2.0.0.0.1.2.0.0.0.1.2.0.0.0.1.2.0.0.0.0 |   |
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| RAME                   |   | <u> </u>  |
| STREET ADDRESS         | 5.4%  | 1   |
| CITY-ST-ZIP            | र र प्रकार <sup>स</sup> र्वे  | l   |

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thereby 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE