


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**


04-19-2007 90028 012 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L02000024640</b>                |  |
| 1. Entity Name<br><b>DELRAY NORTH, L.L.C.</b> |   |

|  |  |
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| Principal Place of Business<br><b>3910 N. 56TH AVENUE<br/>SUITE 103<br/>HOLLYWOOD, FL 33021 US</b> | Mailing Address<br><b>3910 N. 56TH AVENUE<br/>SUITE 103<br/>HOLLYWOOD, FL 33021 US</b> |
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|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>3570 NE 191<sup>st</sup> Street</b> | 3. Mailing Address<br><b>3570 NE 191<sup>st</sup> Street</b> |
| Suite, Apt. #, etc.<br><b>Suite A</b>  | Suite, Apt. #, etc.<br><b>Suite A</b>                        |
| City & State<br><b>Aventura Florida</b>  | City & State<br><b>Aventura Florida</b>                      |
| Zip<br><b>33180</b>  | Country<br><b>Miami-Dade</b>                                 |

4000000000

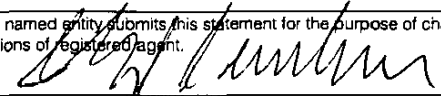


03292007 Chg-LLC CR2E083 (12/06)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>34-1977674</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                               |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>PEARLMAN, PHILIP<br/>3910 N. 56TH AVENUE<br/>SUITE 103<br/>HOLLYWOOD, FL 33021</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
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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.

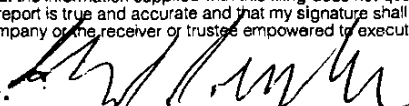
SIGNATURE  DATE **4/12/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>PEARLMAN, PHILIP<br/>3910 N. 56TH AVENUE, SUITE 103<br/>HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:  DATE **04/17/07** 3059350900

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