

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

05-02-2005 90120 017 ****50.00

DOCUMENT # L02000029940					
1. Entity Name DELISLE PROPERTIES, LLC					
Principal Place of Business 232 S DILLARD ST WINTER GARDEN, FL 34787			Mailing Address 232 S DILLARD ST WINTER GARDEN, FL 34787		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DELISLE, STEVEN A 232 S DILLARD ST WINTER GARDEN, FL 34787				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DELISLE, STEVEN A 232 S DILLARD ST WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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><i>Steven A. Delisle</i></u>			Date: <u>5-31-05</u> Daytime Phone #: <u>407-395-0001</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



05312005 Chg-LLC CR2E083 (10/03)

4. FEI Number
APPLIED FOR 74-3072173 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/2/2005-90120-017-\$50.00-\$50.00

DOCUMENT # L02000029940 1. Entity Name DELISLE PROPERTIES, LLC				<div style="font-size: 2em; font-weight: bold;">ATTACHMENT</div> <div style="font-size: 1.5em; font-weight: bold;">30009513</div> <div style="background-color: black; width: 150px; height: 20px; margin: 5px auto;"></div>	
Principal Place of Business 232 S DILLARD ST WINTER GARDEN, FL 34787		Mailing Address 232 S DILLARD ST WINTER GARDEN, FL 34787			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number APPLIED FOR 74-3672173				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03242005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent DELISLE, STEVEN A 232 S DILLARD ST WINTER GARDEN, FL 34787				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DELISLE, STEVEN A 232 S DILLARD ST WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete			
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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 606, Florida Statutes.					
SIGNATURE: _____		4/27/05		407-395-0001 x109	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					