

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90254 024 \*\*\*538.75

**DOCUMENT # L02000029940**

1. Entity Name  
**DELISLE PROPERTIES, LLC**



Principal Place of Business  
**1515 PARK CENTER DR SUITE 2D  
ORLANDO, FL 32835**

Mailing Address  
**1515 PARK CENTER DR SUITE 2D  
ORLANDO, FL 32835**

**50006727**



2. Principal Place of Business - No P.O. Box #  
**189 South Orange Ave**  
Suite, Apt. #, etc.  
**Suite 1520 B**

3. Mailing Address  
**189 South Orange Ave**  
Suite, Apt. #, etc.  
**Suite 1520 B**

05192008 Chg-LLC CR2E083 (12/06)

City & State  
**Orlando, FL**

City & State  
**Orlando FL**

4. FEI Number  
**74-3072173**

Applied For  
☐ Not Applicable

Zip  
**32801** Country  
**Orange**

Zip  
**32801** Country  
**Orange**

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

6. Name and Address of Current Registered Agent

**DELISLE, STEVEN A  
1515 PARK CENTER DR SUITE 2D  
ORLANDO, FL 32835**

7. Name and Address of New Registered Agent

Name  
**DeLisle, Steven A**

Street Address (P.O. Box Number is Not Acceptable)

**189 South Orange Ave Suite 1520 B**

City  
**Orlando** **FL** Zip Code  
**32801**

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

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DELISLE, STEVEN A  
1515 PARK CENTER DR SUITE 2D  
ORLANDO, FL 32835** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DeLisle, Steven A  
189 South Orange Ave Suite 1520 B  
Orlando, FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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TITLE  
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CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

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

Date

Daytime Phone #

*[Handwritten Signature]*

*5/19/08*