2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State
08-17-2006 90044 007 ****50.00

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1. Entity Name
DELRAY LAND HOLDINGS, LLC

30013120

Principal Place of Business	Mailing Address
1360 N.W. 33RD STREET POMPANO BEACH, FL 33064	1360 N.W. 33RD STREET POMPANO BEACH, FL 33064

08012006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-0318664 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RETTERATH, STEVEN
1360 NW 33RD STREET
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1241 Royal Palm Way
City Boca Raton FL Zip Code 33432

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

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	M president	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	RETTERATH, STEVEN		NAME		
STREET ADDRESS	1466 THATCH PALM		STREET ADDRESS	1241 Royal Palm Way	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Boca Raton FL 33432	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Steven J Retterath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #