

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90026 009 \*\*\*\*50.00

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<b>DOCUMENT # L02000033670</b> 1. Entity Name <b>MARBELLA CONDOMINIUM DEVELOPERS, L.L.C.</b>					
Principal Place of Business <b>21 E GARDEN ST., SUITE 200 PENSACOLA, FL 32501</b>			Mailing Address <b>21 E GARDEN ST., SUITE 200 PENSACOLA, FL 32501</b>		
2. Principal Place of Business <b>4 LAGUNA STREET</b> Suite, Apt. #, etc. <b>SUITE 201</b> City & State <b>FORT WALTON BEACH, FL</b> Zip <b>32548</b>		3. Mailing Address <b>4 LAGUNA STREET</b> Suite, Apt. #, etc. <b>SUITE 201</b> City & State <b>FORT WALTON BEACH, FL</b> Zip <b>32548</b>		04152005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number <b>51-0439460</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>DELGALLO, STEVEN P 21 EAST GARDEN ST., SUITE 200 PENSACOLA, FL 32501</b> <b>4 Laguna St., Ste. 201 Fort Walton Beach, FL 32548</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DEL GALLO, STEVEN P 21 E GARDEN ST STE 200 PENSACOLA, FL 32501</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DEL GALLO, STEVEN P 4 LAGUNA STREET, SUITE 201 FORT WALTON BEACH, FL 32548</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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 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.					
<b>SIGNATURE:</b> <u>STEVEN P. DELGALLO</u> <b>4/18/05</b> (800) 301-0179 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					