2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000007981

1. Entity Name

DEL-CO INVESTMENTS OF OCALA, LLC



FILED Jan 07, 2008 08:00 AM Secretary of State

Principal Place of Business

1719 S.W. COLLEGE ROAD OCALA, FL 34474

Mailing Address

1719 S.W. COLLEGE ROAD OCALA, FL 34474



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3769606

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, DOCK A ESQUIRE 4 S.E. BROADWAY OCALA. FL 34471

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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		
Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent algorithms required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		

9. MANAGING MEMBERS/MANAGERS
TITLE MGR

U00000775227 01/08/08-80021-015 143.75

NAME DELUCA, FRANK STREET ADDRESS 1719 S.W. COLLEGE ROAD CITY-ST-ZIP OCALA, FL 34474 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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11. I hereby certify that the information supplied with this tiling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND EXPED OR PRESTED NAME OF SENING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/3/08

352-732-0770

Daytime Phone #