

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90092 048 \*\*\*\*\*55.00

DOCUMENT # L03000009385

1. Entity Name  
 DELANO COURT, LLC



Principal Place of Business: 2545 EAST SUNRISE BLVD., #14 FORT LAUDERDALE, FL 33304  
 Mailing Address: 2545 EAST SUNRISE BLVD., #14 FORT LAUDERDALE, FL 33304



2. Principal Place of Business: 2545 EAST SUNRISE BLVD # 144  
 3. Mailing Address: 2545 EAST SUNRISE BLVD # 144

07102006 Chg-LLC CR2E083 (11/05)

City & State: FORT LAUDERDALE FL  
 City & State: FORT LAUDERDALE FL  
 Zip: 33304 Country: USA  
 Zip: 33304 Country: USA

4. FEI Number: 04-3760085  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

DELANO, LYNN  
 2545 EAST SUNRISE BLVD., #14  
 FORT LAUDERDALE, FL 33304

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 reinstating) DATE: \_\_\_\_\_

Filing Fee is \$50.00  
 Due by September 6, 2006

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DELANO, LYNN	
STREET ADDRESS	2545 EAST SUNRISE BLVD., #14	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Lynn ale Delano 7/10/06 954-463 5930  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #