

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90217 030 ****50.00

DOCUMENT # L03000010132

1. Entity Name
DELEON VILLAS, LLC



Principal Place of Business
13014 NORTH DALE MABRY HIGHWAY
SUITE 356
TAMPA, FL 33618

Mailing Address
13014 NORTH DALE MABRY HIGHWAY
SUITE 356
TAMPA, FL 33618

20026302



03212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0513011

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COCKEY, PRESTON O JR.
201 NORTH FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME RAPAPORT, ALEXANDER G
STREET ADDRESS 13907 CARROHWOOD VILLAGE RUN
CITY ST-ZIP TAMPA, FL 33618

TITLE MGRM
NAME NOWAK, GREG
STREET ADDRESS 6654 78TH AVE. NORTH
CITY ST-ZIP PINELLAS PARK, FL 33781

TITLE MGRM
NAME LANDERS, JAMES
STREET ADDRESS 2506 S. MACDILL AVE.
CITY ST-ZIP TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP

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CITY ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *A.G. Rapaport* A.G. RAPAPORT 3-23-06 813-269-0899

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

Date

Daytime Phone #