


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90439 001 \*\*\*\*55.00

<b>DOCUMENT # L03000020529</b> 1. Entity Name <b>DELAWARE HOLDINGS, LLC</b>					
Principal Place of Business <b>2340 NORTHWEST 138TH DR. SUNRISE FL 33323</b>			Mailing Address <b>2340 NORTHWEST 138TH DR. SUNRISE FL 33323</b>		
2. Principal Place of Business Suite, Apt. #, etc. <i>same as above</i> City & State <i>same as above</i> Zip <i>same as above</i>		3. Mailing Address Suite, Apt. #, etc. <i>same as above</i> City & State <i>same as above</i> Zip <i>same as above</i>			
4. FEI Number <b>30-0190941</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				MOORE CR2E083 (11/03)	
6. Name and Address of Current Registered Agent <b>DELAWARE, STEVEN 2340 NORTHWEST 138TH DR. SUNRISE FL 33323</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ <i>no changes</i> City _____ <b>FL</b> 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 <i>Steve C. Delaware</i> DATE <i>March 9, 2004</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS / MANAGERS</b> </div> <div style="width: 45%;"> <b>10. ADDITIONS / CHANGES</b> </div> </div>					
TITLE	<b>President - MGRM</b> <b>STEVE C. Delaware</b> <b>2340 NW 138TH DRIVE</b> <b>SUNRISE, FL 33323</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>Vice - President - MGR</b> <b>DANA M. Delaware</b> <b>2340 NW 138TH DRIVE</b> <b>SUNRISE, FL 33323</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

**SIGNATURE:** *Steve C. Delaware* *March 9, 2004* 954-8462342  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #