# **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

**DEL MAR TOWNHOMES.LLC** 

DOCUMENT # L03000023178

Principal Place of Business

Mailing Address

2506 S MACDILL AVENUE SUITE A

TAMPA, FL 33629

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TAMPA, FL 33629

**FILED** Jan 31, 2008 08:00 AM Secretary of State



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01082008 No Chg-LLC

CR2E083 (12/07)

4. FÉI Number 30-0187307

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILIN, LAWRENCE J 401 EAST JACKSON STREET STE. 2200 TAMPA, FL

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	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	· ,	
TITLE NAME	MGMR LANDERS, JAMES F		H00000808431
STREET ADORESS	2506 S MACDILL AVENUE SUITE A		U00000808431 02/07/08-80048-017 138.75
CITY-ST-ZIP	TAMPA, FL 33629		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			4
NAME STREET ADDRESS		<u> </u>	

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

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Daylime Phone #