


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90052 015 ****50.00

DOCUMENT # L03000029490					
1. Entity Name DELTONA FLORAL, LTD. CO.					
Principal Place of Business 849 DELTONA BLVD. DELTONA, FL 32725			Mailing Address 849 DELTONA BLVD. DELTONA, FL 32725		
2. Principal Place of Business <i>2051 Saxon Blvd.</i>			3. Mailing Address <i>2051 Saxon Blvd</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Deltona, FL</i>			City & State <i>Deltona FL</i>		
Zip <i>32725</i>			Zip <i>32725</i>		
Country <i>USA</i>			Country <i>USA</i>		
4. FEI Number 54-2121986					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SEITZ, ROBERT J 849 DELTONA BLVD. DELTONA, FL 32725					
7. Name and Address of New Registered Agent Name <i>Seitz Robert J.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2051 Saxon Blvd.</i> City <i>Deltona</i> FL Zip Code <i>32725</i>					
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>Robert J. Seitz</i> DATE <i>8/31/06</i> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEITZ, ROBERT J 849 DELTONA BLVD. DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Seitz Robert J 2051 Saxon Blvd. Deltona FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYS, RICHARD M 849 DELTONA BLVD. DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hays Richard M. 2051 Saxon Blvd. Deltona FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.					
SIGNATURE <i>Robert J. Seitz</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>8/31/06</i> (386) 532-8880 <small>Daytime Phone #</small>		