


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90429 017 ****50.00

DOCUMENT # L03000031347	
1. Entity Name DEL RIO LAND, L.L.C.	

Principal Place of Business 120 M STREET NORTH, SUITE I LAKE WORTH FL 33460	Mailing Address 120 M STREET NORTH, SUITE I LAKE WORTH FL 33460
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2. Principal Place of Business 2550 S.W. 27th Ave.	3. Mailing Address 2550 S.W. 27th Ave.
Suite, Apt. #, etc. 404	Suite, Apt. #, etc. 404
City & State Miami, FL	City & State Miami, FL
Zip 33133	Country US

1st MOORE CR2E083 (10/04)

4. FEI Number 20-0189347	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OMAR DEL RIO, C.P.A. 2324 SOUTH CONGRESS AVENUE, SUITE 2-C WEST PALM BEACH FL 33406	
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 *Omar del Rio* DATE **3-23-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEL RIO, OMAR F 120 M STREET NORTH, SUITE I LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEL RIO, OMAR F 2550 S.W. 27th Ave. #404 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Omar del Rio* **3-23-05** **567-9094**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #