

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90083 004 ****50.00

DOCUMENT # L03000040501

1. Entity Name
DELTA DIVING II, LLC



Principal Place of Business
5400 N OCEAN DR
HOLLYWOOD, FL 33019

Mailing Address
~~5400 N OCEAN DR~~
~~HOLLYWOOD, FL 33019~~

2. Principal Place of Business
SAME
Suite, Apt. #, etc.

3. Mailing Address
1755 FAY Drive
Suite, Apt. #, etc.

City & State

City & State
Merritt Island, FL

Zip

Country

Zip

Country

32953

USA

01312006 Chg-LLC CR2E083 (11/05)

4. FEI Number
57-1201832

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, MICHAEL
~~525 NE 2ND PL~~
~~DANIA BEACH, FL 33004~~
1755 FAY Drive
Merritt Island, FL 32953

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	MCKAY, MICHAEL	2 WEST DIXIE HIGHWAY	DANIA BEACH, FL 33004	<input type="checkbox"/>
MGR	BUTLER, MICHAEL	525 NE 2ND PL	DANIA BEACH, FL 33004	<input type="checkbox"/>
MGR	BUTLER, PATRICIA	525 NE 2ND PL	DANIA BEACH, FL 33004	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	Michael Butler	1755 FAY Drive	Merritt Island, FL 32953	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	Butler, Patricia	1755 FAY Drive	Merritt Island, FL 32953	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *PATRICIA Butler* *Patricia Butler* *1/31/06 (321) 459-0102*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #