

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040501

Entity Name: DELTA DIVING II, LLC

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

1755 FAY DRIVE  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

1755 FAY DRIVE  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

FEI Number: 57-1201832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUTLER, MICHAEL  
1755 FAY DRIVE  
MERRITT ISLAND, FL 32953 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCKAY, MICHAEL  
Address: 2 WEST DIXIE HIGHWAY  
City-St-Zip: DANIA BEACH, FL 33004

Title: MGR ( ) Delete  
Name: BUTLER, MICHAEL  
Address: 1755 FAY DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGR ( ) Delete  
Name: BUTLER, PATRICIA  
Address: 1755 FAY DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date