2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90045 009 ****50.00

DOCUMENT # L03000041243 1. Entity Name DEL FINO, LLC							04-26-2004	1 90045 (009 ***	*50.00
Principal Place of Business 111 CAPRIS BLVD. NAPLES, FL 34113 US			Mailing Address 111 CAPRIS BLVD. NAPLES, FL 34113 US					24054 		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04092004	Chg-LLC	CR2E08	3 (10/03)	
City & State			City & State		4. FEI Numb 20-03	ber 34840			pplied For ot Applicable	
Zip	Country		Zip Co		itry	5. Certificati	e of Status Desired		5.00 Ad ee Require	
	6. Name	and Address of Current F	egistered Agent		Name	7. Name an	d Address of New Ro	gistered A	gent	
NAPLES-L 1395 PAN	THER LAI		1-		Street Address (P.O. Box Number is Not Acceptable)					
SUITE 300 NAPLES, I						· · · · · · · · · · · · · · · · · · ·		,		<u> </u>
		•			City			FL	Zip Coc	fe
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, 2004								check pa Departme		8
9. MANAGING MEMBE			RS/MANAGERS		·	ADDITIONS/	CHANGES			
TITLE NAME	MGRM NAGY, JO)HN R	☐ Delete	TITLE NAMI					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	9653 GUL	FSHORE BLVD #803 FL 34103	*	ET ADDRESS -ST-ZIP					. !	
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS				nam Stre	E ET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34103				-ST-ZIP					
TITLE NAME	MGRM Delete JOHNSON, PATRICK J				E E				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	9653 GULFSHORE BLVD #803 NAPLES, FL 34103				ET ADDRESS -ST-ZIP					₹ .
TITLE NAME			☐ Delete	TITLE NAME	l			1	☐ Change	☐ Addition
STREET ADDRESS CIFY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP					
TITLE NAME			☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP					
TITLE	. ,	÷.	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS "CITY-ST-ZIP	- 1	Type and the same of the same			E Et address -St-zip	.		<u>.</u> .		. :
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: John R. Nagy 4/22/04 414-290-9216 SIGNATURE AND TYPED ON PRINTED MARKE ON SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date										