2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State
02-22-2008 90041 005 ***138.75

DOCUMENT # L03000052719

1. Entity Name
DELTA BAY INVESTMENTS, LLC

Principal Place of Business	Mailing Address
782 NW LEJEUNE RD LEJEUNE CNTRE STE 650 C/O ANTONIO D. JACOMINO MIAMI, FL 33126	782 NW LEJEUNE RD LEJEUNE CNTRE STE 650 C/O ANTONIO D. JACOMINO MIAMI, FL 33126

02072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
5805 Blue Lagoon Dr.		5805 Blue Lagoon Dr.	
Suite, Apt. #, etc.: Suite 220		Suite, Apt. #, etc.: Suite 220	
City & State: Miami Fl.		City & State: Miami Fl.	
Zip: 33126	Country: USA	Zip: 33126	Country: USA

4. FEI Number: 20-0832101 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACOMINS, ANTONIO CPA
~~782 NW LE JEUNE RD.~~
~~STE. 650~~
~~MIAMI, FL 33126~~

New Address Only

7. Name and Address of New Registered Agent

Name: Jacomino Antonio CPA
Street Address (P.O. Box Number is Not Acceptable): 5805 Blue Lagoon Dr, Suite 220
City: Miami FL Zip Code: 33126

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATRONE, ALFREDO AVE. LA INDUSTRIA CASA ITLAIA SAN DERNARDINO, CARACAS,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATRONE, ALFREDO 5805 Blue Lagoon Dr. Ste. 220 Miami, Fl. 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: ______________________ 2/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #