

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 782 NW LEJEUNE RD LEJEUNE CNTRE STE 650 C/O ANTONIO D. JACOMINO MIAMI, FL 33126	Mailing Address 782 NW LEJEUNE RD LEJEUNE CNTRE STE 650 C/O ANTONIO D. JACOMINO MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box # 5805 Blue Lagoon Dr.	3. Mailing Address 5805 Blue Lagoon Dr.
Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc. Suite 220

City & State Miami FL	City & State Miami FL
Zip 33126	Zip 33126
Country USA	Country USA



02072008 Chg-LLC CR2E083 (12/06)

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 LEJEUNE RD. STE. 650 MIAMI, FL 33126	
<i>New Address Only</i>	

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 Suite 220	
City Miami	FL Zip Code 33126

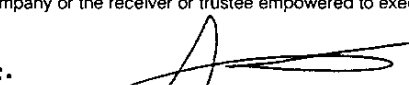
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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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
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 #