

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003154

FILED
Apr 28, 2006
Secretary of State

Entity Name: DELTRUST INVESTMENT GROUP, LLC

Current Principal Place of Business:

1550 N.E. MIAMI GARDENS DR, 2ND FLOOR
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1550 N.E. MIAMI GARDENS DR, 2ND FLOOR
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 65-0964132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVE, STE 100
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

DAVIDSON, RON
1550 NE MIAMI GARDENS DRIVE
SUITE 200
NORTH MIAMI BEACH, FL 33179 US

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: RON DAVIDSON

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVIDSON, RON
Address: 1550 N.E. MIAMI GARDENS DR, 2ND FLOOR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: MGR () Delete
Name: ORGAD, IZHAK
Address: 1550 N.E. MIAMI GARDENS DR, 2ND FLOOR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES:

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 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: RON DAVIDSON

MGR

04/28/2006

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