

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000014157**

1. Entity Name

LEWIS DELANY & ASSOCIATES, L.L.C.



Principal Place of Business

1299 FT. PICKENS ROAD  
UNIT 2  
PENSACOLA BEACH FL 32561

Mailing Address

1299 FT. PICKENS ROAD  
UNIT 2  
PENSACOLA BEACH FL 32561



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-0881407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PALMER, RAYMOND B  
913 GULF BREEZE PARKWAY, SUITE 41  
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME DELANY, RICHARD C MGRM  
STREET ADDRESS 1299 FORT PICKENS RD UNIT 2  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE MGRM ☐ Delete  
NAME LEWIS, STEVEN L MGRM  
STREET ADDRESS 1401 GREENBRIAR PKWY SUITE B  
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE MGRM ☐ Delete  
NAME ANDERSEN, DALE MGRM  
STREET ADDRESS 3910 INDIA COVE  
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000567007  
CITY-ST-ZIP 06/12/06-80005-004 50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Handwritten Signature]*

May 30 2006 850 9326802