## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Aug 11, 2006 8:00 am Secretary of State 07-31-2006 90143 029 \*\*\*\*55.00 **DOCUMENT # L04000021074** 1. Entity Name DELTONA SQUARE LLC 30012654 Principal Place of Business Mailing Address 414 SANDY LANE 414 SANDY LANE DES PLAINES, IL 60016 US DES PLAINES, IL 60016 US 2. Principal Place of Business 259 E. RAND ROMO 3. Mailing Address RAND ROAD 259 E. New 07182006 Cha-LLC CR2E083 (11/05) SUITE 200 200 SUITE 4. FEI Number Applied For City & State City & State MOUNT PROSPECT PROSPECT 74-3117528 Not Applicable MOUNT Country \$5.00 Additional ILLINOIS USA 6. Certificate of Status Desired 60056 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 3129 49TH STREET, NORTH ST. PETERSBURG, FL 33710 City 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, hoped or drinked normal of registered agent and kide at applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Change ☐ Addition THILE O Delete IIITE JUTLA, DARSHAN NAME HAME MGR 11160056 259 E. RAND ROOD # 200 STREET ADDRESS 414 SANDY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DES PLAINES, IL 60016. MT. Prospect TITLE Defete TITLE Change (E)Addition NAME NAME 17 POL 259 E. RAND RIOD # 200 STREET ADDRESS STREET ACCRESS CITY-ST-ZIP Prospect, 12 600 56 CITY - ST - ZIP TITLE ☐ Change ☐ Addition TIFLE Oelete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7P ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-SI- AP ☐ Delete TITLE □ Change ☐ Addition NAVE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 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 eath; 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: MERM

MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2006

DELTONA SQUARE LLC 414 SANDY LANE DES PLAINES, IL 60016 US

SUBJECT: DELTONA SQUARE LLC Ref. Number: L04000021074

We have received your document for DELTONA SQUARE LLC and check(s) totaling \$55.00. However, your check(s) and document are being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section

Division of Corporations Letter Number: 106A00046080

Completed and amplifications