

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028399

Entity Name: DEL PRADO PARTNERS, LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

4418 DEL PRADO BLVD. SOUTH
A
CAPE CORAL, FL 33904 US

New Principal Place of Business:

7431 COLLEGE PKWY
FT. MYERS, FL 33907 US

Current Mailing Address:

4418 DEL PRADO BLVD. SOUTH
A
CAPE CORAL, FL 33904 US

New Mailing Address:

7431 COLLEGE PKWY
FT. MYERS, FL 33907 US

FEI Number: 20-1095672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERER, ELAINE C
4418 DEL PRADO BLVD. SOUTH
A
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SHERER, ELAINE C
7431 COLLEGE PKWY
FT. MYERS, FL 33907 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:

04/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHERER, ELAINE C
Address: 4418 A DEL PRADO BLVD. SOUTH
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM () Delete
Name: G & H MANAGEMENT & C, ONSULTING, LLC
Address: 12155 METRO PARKWAY
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHERER, ELAINE C
Address: 7431 COLLEGE PKWY
City-St-Zip: FT. MYERS, FL 33907 US

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: ELAINE SHERER

MGRM

04/17/2007

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