

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90039 045 ****50.00

DOCUMENT # L04000037064

1. Entity Name
DELRAY EQUITY & LAND, LLC



Principal Place of Business
**601 N. CONGRESS AVENUE, SUITE 305
DELRAY BEACH, FL 33445**

Mailing Address
**601 N. CONGRESS AVENUE, SUITE 305
DELRAY BEACH, FL 33445**

2. Principal Place of Business - No P.O. Box #
2900 N. MILITARY TRAIL

3. Mailing Address
2900 N. MILITARY TRAIL

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33431

Country
USA

Zip
33431

Country
USA

04132007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1126954

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRACCHIOLO, JOHN E
601 N CONGRESS AVE
STE 305
DELRAY BEACH, FL 33445**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2900 N. MILITARY TRAIL
SUITE 200
City **BOCA RATON** FL Zip Code **33431**

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 **JOHN E. CRACCHIOLO** DATE **4-16-07**

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRACCHIOLO, JAMES M 601 N CONGRESS AVE STE 305 DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRACCHIOLO, SAM A JR 601 N CONGRESS AVE STE 305 DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRACCHIOLO, JOHN E 601 N CONGRESS AVE STE 305 DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JOHN E. CRACCHIOLO** DATE **4-16-07 (561)243-9800**