2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000046485

1. *Entity Name*
WEST DELRAY ENTERPRISES, LLC

Principal Place of Business	Mailing Address
7469 VIALE MICHELANGELO DELRAY BEACH, FL 33446 US	7469 VIALE MICHELANGELO DELRAY BEACH, FL 33446 US

01102006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1295445
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORSE, WILLIAM M
7469 VIALE MICHELANGELO
DELRAY BEACH, FL 33446

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	B & B INVESTORS CORP.
STREET ADDRESS	7469 VIALE MICHELANGELO
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	MGRM
NAME	HLZ ENTERPRISES, INC.
STREET ADDRESS	6936 VIALE ELIZABETH
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	MGRM
NAME	R & D LAND MANAGEMENT, INC.
STREET ADDRESS	7477 VIALE MICHELANGELO
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	MGRM
NAME	GRIPIT REALTY, INC.
STREET ADDRESS	12527 CRYSTAL PT. DRIVE, UNIT C
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	MGRM
NAME	GERMINAL, GARRY
STREET ADDRESS	6884 LONG KEY STREET
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000139114
01/23/06-80014-004 55.00

DO NOT WRITE IN THIS SPACE

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: _____ 1/12/06 561 272-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #