

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049855

FILED
Apr 26, 2006
Secretary of State

Entity Name: D-LITEFUL HOLDINGS, L.L.C.

Current Principal Place of Business:

9012 NW 105TH WAY
MEDLEY, FL 33178

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1332935 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUEVARA, JORGE L SR.
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: GUEVARA, JORGE L JR.
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: GUEVARA, ERIC B
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JORGE GUEVARA

MGR

04/26/2006

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