2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000053899

1. Entity Name
DELAWARE AVENUE TOWNHOMES, LLC

20011644

01272005   Chg-LLC   CR2E083 (10/03)

Principal Place of Business	Mailing Address
100 SOUTH ASHLEY DRIVE SUITE 1270 TAMPA, FL 33602	100 SOUTH ASHLEY DRIVE SUITE 1270 TAMPA, FL 33602

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
20-1389547
Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JENNEWEIN, DONALD A 100 SOUTH ASHLEY DRIVE SUITE 1270 TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL ____ 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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS   **10.** ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MM NAME Silcox, Frank C STREET ADDRESS 301 South Grady Avenue CITY-ST-ZIP Tampa, FL 33609	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE M NAME Jennewein, Donald A STREET ADDRESS 1220 Roxmere CITY-ST-ZIP Tampa, FL 33629	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE M NAME Pennino, Vincent V STREET ADDRESS 4524 Ferncroft Circle CITY-ST-ZIP Tampa, FL 33629	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Frank C. _____ , Managing Member_   2-11-05   813-209-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #