


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000070786
 1. Entity Name
 LM DELPRADO LLC



Principal Place of Business
 4226 DEL PRADO BLVD.
 CAPE CORAL, FL 33904

Mailing Address
 109 W. PAGO PAGO DR.
 ATTN: KENT HEDRICK
 NAPLES, FL 34113



02132006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number 11-3728063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEDRICK, KENT G
 109 W. PAGO PAGO DR.
 NAPLES, FL 34113

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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 _____ (NOTE: Florida's of Agent's signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM HEDRICK, KENT G 109 W. PAGO PAGO DR. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM HEDRICK, MARJA 109 W. PAGO PAGO DR. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ARNOLD, JOHN P 999 CAXAMBAS DR. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WASHBURN, LYNNE 999 CAXAMBAS DR. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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 02/27/06-80016-013 50.00

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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: [Signature] 2-13-06 239-542-8712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #