



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90142 046 \*\*\*\*50.00

<b>DOCUMENT # L04000079089</b> 1. Entity Name <b>DELUCA-SAWGRASS, LLC</b>					
Principal Place of Business <b>620 NORTH WYMORE ROAD, SUITE 240 MAITLAND, FL 32751</b>			Mailing Address <b>620 NORTH WYMORE ROAD, SUITE 240 MAITLAND, FL 32751</b>		
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 <b>20-1806009</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>B&amp;C CORPORATE SRVC OF CENTRAL FL, INC. 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DELUCA, JOSEPH 620 NORTH WYMORE ROAD SUITE 240 MAITLAND, FL 32751</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE</b> 			<b>MANAGING MEMBER</b> <b>2-1-06</b> <b>(215) 860-6500</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

20008327



01042006 Chg-LLC CR2E083 (11/05)

Applied For  
Not Applicable

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

FL Zip Code

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

Make check payable to  
Florida Department of State

## MANAGING MEMBERS/MANAGERS

## ADDITIONS/CHANGES

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**SIGNATURE**

**MANAGING MEMBER**

**2-1-06**

**(215) 860-6500**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

# ATTACHMENT

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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City & State  Zip      Country		City & State  Zip      Country		01042006    Chg-LLC    CR2E083 (11/05)	
4. FEI Number <b>20-1806009</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>B&amp;C CORPORATE SRVC OF CENTRAL FL, INC. 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
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<b>SIGNATURE</b>  <b>MANAGING MEMBER</b> <b>2.1.06</b> <b>(215) 860-6500</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					



ATTACHMENT

20008327

#L04000079089

390 NORTH ORANGE AVENUE  
SUITE 1100  
ORLANDO, FLORIDA 32801  
P.O. BOX 4961 (32802-4961)  
TELEPHONE: 407.839.4200  
FACSIMILE: 407.425.8377  
www.broadandcassel.com

DOUGLAS E. STARCHER, P.A.  
DIRECT LINE: (407) 839-4208  
DIRECT FACSIMILE: (407) 650-0943  
EMAIL: dstarcher@broadandcassel.com

February 13, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

Re: DeLuca-Sawgrass, LLC Annual Report  
Our File No. 29560-0002

Dear Sir or Madam:

Enclosed for filing with the Florida Department of State is an original 2006 Limited Liability Company Annual Report for DeLuca-Sawgrass, LLC, along with a copy of same to be date-stamped with the filing date and returned to the undersigned in the stamped, self-addressed envelope provided for your convenience. A check in the amount of \$50.00 is also enclosed to cover the cost of filing the Report.

Thank you for your attention to this matter. If you have any questions or comments, please contact me.

Sincerely yours,

Douglas E. Starcher, P.A.

DES:gb  
Encs.