2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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

Addition

☐ Change

DOCUMENT # L04000079089 1. Entity Name DELUCA-SAWGRASS, LLC					02-16-2006 90142 046 ****50.00						
Principal Place of Business 620 NORTH WYMORE ROAD, SUITE 240 MAITLAND, FL 32751			Mailing Address 620 NORTH WYMORE ROAD, SUITE 240 MAITLAND, FL 32751			(21 221: AIRH ABH 2211 221		8327	1881 ild 1881	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042006	Ghg-LLC	CR2E	083 (11/05)		
City & State			City & State				4. FEI Num				oplied For ot Applicable
Zip	Zip Country		Zip	Coun	Country		20-1806009 Not Applicab 5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name an	d Address of Current I	Registered Agent				7. Name a	nd Address of New R	legistered		
Dic con	-				Name						
B&C CORPORATE SRVC OF CENTRAL FL, INC. 390 NORTH ORANGE AVENUE					Street Address (P.O. 8ox Number is Not Acceptable)						
SUITE 110	D, FL 32801										
					City FL Zip Code					ө	
			the purpose of changing its	registere	ed office or	register	ed agent, or t	ooth, in the State of Flo		familiar with,	and accept
the obligat	tions of registere	d agent.									
SIGNATURE	Signature, typed or pr	inted name of registered agent a	and title if applicable. (NOTE	: Registered	d Agent signatu	ra required	when reinstating)		DATE		
Fi	iling Fee is ! lue by May 1	550.00 , 2006							e check p	payable to nent of State	9
9. MANAGING MEM		MANAGING MEMBE	JERS/MANAGERS		0.			ADDITIONS,	/CHANGES	3	
TITLE	MGR	0.50	☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS	DELUCA, JO 620 NORTH	ISEPH WYMORE ROAD SU	JITF 240	NAMI STRE	ET ADDRESS						
CITY-ST-ZIP	MAITLAND, FL 32751			CITY-ST-ZIP							
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STREET ADORESS				STRE	ET ADDRESS						

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.

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

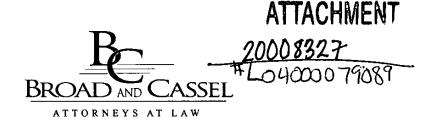
NAME

SIGNATURE MANAGING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desprise Phone &

ATTACHMENT

2006 LIMITED LIABILITY COMPANY

	ANNUAL	REPORT		•						
1. Entity Nam	MENT #L04000079									
Principal Plac 620 NORTH MAITLAND, F	WYMORE ROAD, SUITE 240	Mailing Address 620 NORTH WYMORE ROAD, SUITE 240 MAITLAND, FL 32751			20008327					
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01042006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State			4. FEI Numbe 20-1806		, .	No	pplied For at Applicable	
Zip	Country	Zip Coun		ry	5. Certificate	of Status Desired		\$5.00 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent	· · · · · · · · · · · · · · · · · · ·			7. Name and Address of New Registered Agent				
390 NORT SUITE 110	PORATE SRVC OF CENTRAL TH ORANGE AVENUE 00 D, FL 32801	FL, INC. Street Address			P.O. Box Numbe	er is Not Acceptable	le)			
· ·		-		City			FL	Zip Code	Э	
8. The above	named entity submits this statement for	the purpose of changing its re	egistere	d office or register	red agent, or both	h, in the State of Fl		amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if explicable (NOTE:	Renistered	I Agent signature required	4 when reinstating)		DATE			
Fi D	iling Fee is \$50.00 ue by May 1, 2006				CAL COMPANY OF	Florid	ke check pa a Departme	ayable to ent of State	9 , 33 345.7	
9.	MANAGING MEMBE	RS/MANAGERS	/MANAGERS 10.				/CHANGES	Indian a consequence	The Restriction was seen	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1				Change	Addition	
indicated	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have th	he same	e legal effect as if n	nade under oath;	that I am a mana	lurther certify iging membe	that the info ir or manage	rmation or of the	



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.

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