




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90111 018 ****50.00

DOCUMENT # L04000079089 1. Entity Name DELUCA-SAWGRASS, LLC					
Principal Place of Business 620 NORTH WYMORE ROAD, SUITE 240 MAITLAND, FL 32751			Mailing Address 620 NORTH WYMORE ROAD, SUITE 240 MAITLAND, FL 32751		
2. Principal Place of Business - No P.O. Box # 400 International Parkway		3. Mailing Address 400 International Parkway		<div style="font-size: 24pt; font-weight: bold; margin-bottom: 10px;">60039483</div>  <div style="display: flex; justify-content: space-between; font-size: 10pt;"> 02262007 Chg-LLC CR2E083 (12/06) </div>	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400			
City & State Lake Mary		City & State Lake Mary			
Zip FL	Country 32744	Zip FL	Country 32744		
4. FEI Number 20-1806009				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&C CORPORATE SRVC OF CENTRAL FL, INC. 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reissuing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELUCA, JOSEPH 620 NORTH WYMORE ROAD SUITE 240 MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 606, Florida Statutes.					
SIGNATURE: 			Joseph A. Deluca, Manager 4/12/07 (45)860-6500		