


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90030 049 \*\*\*138.75

<b>DOCUMENT # L05000001813</b>	
1. Entity Name <b>DEL PRADO PLAZA, L.L.C.</b>	

Principal Place of Business <b>4002 DEL PRADO BLVD. CAPE CORAL, FL 33904</b>	Mailing Address <b>4002 DEL PRADO BLVD. CAPE CORAL, FL 33904</b>
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**60029102**

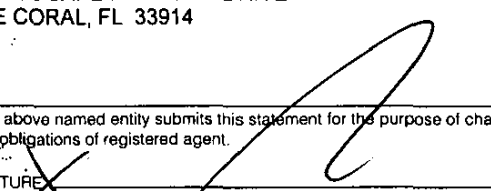


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03192008 Chg-LLC CR2E083 (12/06)

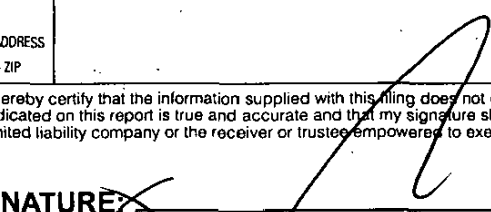
4. FEI Number <b>20-2130187</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent <b>LEE, ROBERT A JR. 5618-202 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914</b>		7. Name and Address of New Registered Agent Name <b>ROBERT A. LEE JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4002 DEL PRADO BLVD So</b> City <b>CAPE CORAL</b> FL <b>33904</b>	
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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 	DATE <b>3/26/08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LEE, ROBERT A JR. 4002 DEL PRADO BLVD. CAPE CORAL, FL 33904</b> <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
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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 608, Florida Statutes.	
SIGNATURE 	DATE <b>3/26/08</b> Daytime Phone # <b>2392747000</b>