

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019267

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: DELGADO PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

2829 WINDCREST OAKS CT  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1160  
VALRICO, FL 33595

**New Mailing Address:**

FEI Number: 20-2624168      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOVELACE, WILLIAM K  
401 S. LINCOLN AVE.  
CLEARWATER, FL 33756      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RUBEN R. DELGADO AND, DIANE E. DELG A DO AS T  
Address: P.O. BOX 1160  
City-St-Zip: VALRICO, FL 33595

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, PAMELA J  
Address: P.O. BOX 1160  
City-St-Zip: VALRICO, FL 33595

Title: MGRM ( ) Delete  
Name: LEISTL, MICHELE L  
Address: P.O. BOX 1160  
City-St-Zip: VALRICO, FL 33595

Title: MGRM ( ) Delete  
Name: DELGADO, RUBEN R II  
Address: P.O. BOX 1160  
City-St-Zip: VALRICO, FL 33595

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAMELA J. RODRIGUEZ

MGRM

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date