

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 26, 2006 8:00 am
Secretary of State

04-28-2006 90016 034 ****50.00

DOCUMENT # L05000030347

1. Entity Name
DELRAY BEACH INVESTMENTS, LLC



Principal Place of Business
**10428 LAUREL RD
DAVIE FL 33328**

Mailing Address
**10428 LAUREL RD
DAVIE FL 33328**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**ELSHEIKH, HAITHAM
10428 LAUREL RD
DAVIE FL 33328**

30009053

1st MOORE CR2E083 (10/05)

4. FEI Number **14-1925950** Applied For
Not Applicable

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

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 recertifying) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELSHEIKH, HAITHAM 10428 LAUREL RD DAVIE FL 33328 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

4/12/06 (954) 559-3388