


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90157 033 ****50.00

DOCUMENT # L05000032607 1. Entity Name LAW OFFICES OF JOHN DELANCETT, P.L.					
Principal Place of Business 4713 JETTY STREET ORLANDO, FL 32817			Mailing Address 4713 JETTY STREET ORLANDO, FL 32817		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2614681	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
- 6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVE., SUITE 600 ORLANDO, FL 32801				Name HENDRY, STONER, CALANDRINO & BROWN, PA Street Address (P.O. Box Number is Not Acceptable) 20 N. ORANGE AVENUE SUITE 600 City ORLANDO	
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. HENDRY, STONER, CALANDRINO & BROWN, PA. SIGNATURE BY: <u><i>[Signature]</i></u> DATE: <u>1/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				Applied For <input type="checkbox"/> Not Applicable	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELANCETT, JOHN G 4713 JETTY STREET ORLANDO, FL 32817	<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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				1/12/06 407-696-1640 <small>Date Daytime Phone #</small>	