


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90028 008 \*\*\*\*\*55.00

<b>DOCUMENT # L05000032607</b>	
1. Entity Name <b>LAW OFFICES OF JOHN DELANCETT, P.L.</b>	

Principal Place of Business <b>4713 JETTY STREET ORLANDO, FL 32817</b>	Mailing Address <b>4713 JETTY STREET ORLANDO, FL 32817</b>
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**20008493**



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

02082007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2614681</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>HENDRY, STONER, CALANDRINO &amp; BROWN, PA 20 N. ORANGE AVE., SUITE 600 ORLANDO, FL 32801</b>	

7. Name and Address of New Registered Agent	
Name <b>John G. DeLancett</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>4713 Jetty Street</b>	
City <b>Orlando</b>	FL Zip Code <b>32817</b>

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.

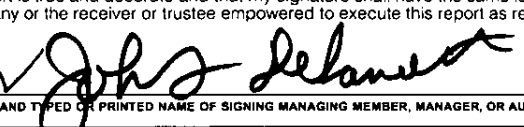
SIGNATURE  MGR DATE **2/23/07**

**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 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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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 **2/23/07** 407-696-1046