
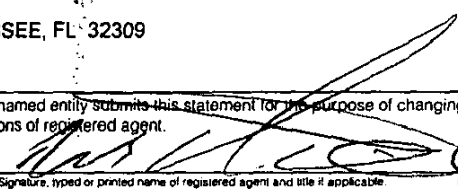
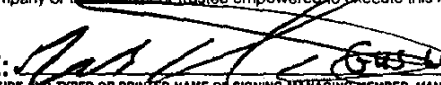


FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90091 030 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000035488			
1. Entity Name LEONTARAKIS DEL MAR, L.L.C.			
Principal Place of Business C/O GUS LEONTARAKIS 1 NORTH BIRCH ROAD FT. LAUDERDALE, FL 33304		Mailing Address C/O GUS LEONTARAKIS 1 NORTH BIRCH ROAD FT. LAUDERDALE, FL 33304	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		07062006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-2669228		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name GUS LEONTARAKIS Street Address (P.O. Box Number is Not Acceptable) 1 NORTH BIRCH ROAD City FT LAUDERDALE FL Zip Code 33304	
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  GUS LEONTARAKIS MANAGING MEMBER 07-06-06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing) DATE			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEONTARAKIS, GUS 1 NORTH BIRCH ROAD FT. LAUDERDALE, FL 33304 <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:  GUS LEONTARAKIS MANAGING MEMBER 07-06-06 462-0531 Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #			