## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SIGNATURE: AND

## **FILED** May 01, 2006 8:00 am Secretary of State 05-01-2006 90067 020 \*\*\*\*50.00

DOCUI 1. Entity Name DELIGHT			05-01-2006 90067 020 ****50.00								
Principal Place	e of Busines	s	Mailing Address								
0061 PRIMRO			0061 PRIMROSE PATH				,				
ASPEN, CO 8	31011		ASPEN, CO 81611								
5 D: : : 1B											
2. Principal Place of Business			3. Mailing Address 2000 Towers DE TERRA			CΕ					
Suite, Apt. #, etc.			Suite, Apt. #, etc. UNIT 当 1610				04262006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State				4. FEI Number	28620			oplied For ot Applicable
Zip	Zip Country		Zip Coun							\$5.00 Add	
			33138-2227					of Status Desired		Fee Require	
	6. Name	and Address of Current R	legistered Agent		Name		7. Name and	Address of New Ro	egistered A	\gent	
WEINKLE,											
200 SOUTI MIAMI, FL		YNE BLVD., SUITE 34	00 Street Addres			dress (P.	O. Box Numbe	er is Not Acceptable	)		
IVII/AIVII, I C	33131										
					City				FL	Zip Code	e
The above named entity submits this statement for the purpose of changing its registere						eaisterea	d agent, or bot	th. in the State of Flo		amiliar with	and accept
the obligations of registered agent.											
SIGNATURE .								· .			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Filing Fee is \$50.00 Due by May 1, 2006									e check pa Departmo	ayable to ent of State	e
9.		MANAGING MEMBER	! RS/MANAGERS	10.				ADDITIONS/	CHANGES		
THILE	MGR	•	☐ Delete TITLE		- 1					Change	☐ Addition
NAME STREET ADDRESS	1	E, JULIAN I IMROSE PATH	NAM		EET ADORESS						<u>.</u>
CITY-ST-ZIP	1	CO 81611			-ST-ZIP						
TITLE	MGR		☐ Delete TITLE		£					☐ Change	☐ Addition
NAME	l	E, JAMES A	NAM		- 1						
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL	WERSIDE TERRACE, AF I. 33138	21. 1610		EET ADORESS '-ST-ZIP						•
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TITLE			☐ Delete	titu	É					☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP	ĺ				EET ADORESS '- ST-ZIP				-		
11. I hereby c	certify that th	e information supplied with t	this fifing does not qualify for	or the exe	mptions conta	tained in	Chapter 119,	Florida Statutes. I fu	rther certify	that the info	mation
11. I hereby certify that the information supplied with this fiting 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.											

TO DAMES A. WEINICLE 19-MANAGE 4/26/2006 305.960. 2785

OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysime Proces