

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90018 031 ****50.00

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DOCUMENT # L05000054822 1. Entity Name DELTRUST DAVIE ESTATES 2004, LLC					
Principal Place of Business 1550 NE MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH, FL 33179			Mailing Address 1550 NE MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC 18901 NE 29TH AVENUE SUITE 100 AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name <i>Ron Davidson</i> Street Address (P.O. Box Number is Not Acceptable) <i>1550 NE Miami Gardens Dr.</i> Suite # <i>200</i> City <i>N. Miami Beach</i> FL Zip Code <i>33179</i>	
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 _____ <small>Signature, typed or printed name of registered agent and where applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIDSON, RON		NAME		
STREET ADDRESS	1550 NE MIAMI GARDEN DRIVE, 2ND FLOOR		STREET ADDRESS		
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179		CITY - ST - ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORGAD, IZHAK		NAME		
STREET ADDRESS	1550 NE MIAMI GARDENS DRIVE, 2ND FLOOR		STREET ADDRESS		
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <i>4/5/06</i> Daytime Phone #: <i>305/947-1710</i>		