2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062895

Entity Name: DELMAY ACRES, LLC

Title:

Name:

Address:

City-St-Zip:

() Delete

SOUTH MIAMI, FL 331435408 US

7600 RED ROAD, SUITE 214

MAYA, BARBARA K

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7600 RED ROAD 7600 RED ROAD SUITE 214 214 SOUTH MIAMI, FL 331435408 US SOUTH MIAMI, FL 331435408 US **Current Mailing Address: New Mailing Address:** 7600 RED ROAD 7600 RED ROAD SUITE 214 SOUTH MIAMI, FL 331435408 US SOUTH MIAMI, FL 331435408 US FEI Number: 20-3148992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAYA, RALPH MAYA, RALPH 7600 RED ROAD 7600 RED ROAD SUITE 214 SOUTH MIAMI, FL 331435408 US SOUTH MIAMI, FL 331435408 US 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. SIGNATURE: 04/28/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete DEL ROSAL, THOMAS M Name: Name: Address: 16810 PEGGY ROAD Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MAYA, RALPH Name: Address: 7600 RED ROAD, SUITE 214 Address: City-St-Zip: SOUTH MIAMI, FL 331435408 US City-St-Zip: Title: () Delete Title: () Change () Addition DEL ROSAL, BONNIE Name: Name: 16810 PEGGY ROAD Address: Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: RALPH MAYA MGR 04/28/2009