

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090219

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: DALPEMA REAL ESTATE LLC

## Current Principal Place of Business:

37 144TH AVE  
4  
MADEIRA BEACH, FL 33708 US

## New Principal Place of Business:

## Current Mailing Address:

16512 TURNBURY OAK DR  
ODESSA, FL 33556 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETRUS, WALID  
16512 TURNBURY OAK DR  
ODESSA, FL 33556 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PETRUS, WALID  
Address: 16512 TURNBURY OAK DR  
City-St-Zip: ODESSA, FL 33556 US

Title: SEC ( ) Delete  
Name: MANSOUR, PHILLIP  
Address: 6346 ORCHARD LK RD SUITE 16  
City-St-Zip: W. BLOOMFIELD, MI 48322 US

Title: VP ( ) Delete  
Name: DALOU, FARID  
Address: 5996 WYNFORD DR  
City-St-Zip: WEST BLOOMFIELD, MI 48322 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: WALID PETRUS

MGRM

04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date