


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90352 019 ****50.00

DOCUMENT # L06000000996	
1. Entity Name THE DELVILLAR LLC	

Principal Place of Business WORLD TRADE CENTER TAMPA 1101 CHANNELSIDE DRIVE, SUITE 240 TAMPA, FL 33602	Mailing Address WORLD TRADE CENTER TAMPA 1101 CHANNELSIDE DRIVE, SUITE 240 TAMPA, FL 33602
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60034232

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 84-1698481		Applied For <input 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 MUSCA, DANIEL G PHELPS DUNBAR LLP 100 SOUTH ASHLEY DRIVE, SUITE 1900 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name MUSCA, DANIEL G Street Address (P.O. Box Number is Not Acceptable) 12004 RACE TRACK ROAD c/o Tampa Business & Property Law Source, P.A. City Tampa FL Zip Code 33626

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 *Daniel G. Musca* (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: *F.H. Bombardieri, manager*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/18/07 813-864-4200
Date Daytime Phone #