
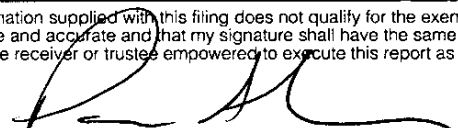


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90026 011 \*\*\*138.75

<b>DOCUMENT # L06000028382</b> 1. Entity Name <b>DELANO LEGACY, LLC</b>					
Principal Place of Business <b>7270 NW 12TH ST. SUITE 840 MIAMI, FL 33126</b>			Mailing Address <b>7270 NW 12TH ST. SUITE 840 MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box # <b>87 E 49 STREET</b>		3. Mailing Address <b>87 E 49 STREET</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>HIALEAH, FL</b>		City & State <b>HIALEAH, FL</b>		4. FEI Number <b>20-4521494</b>	
Zip <b>33013</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>ALFREDO GARCIA-MENOCAL, P.A. 730 NW 107TH AVENUE, SUITE 115 MIAMI, FL 33172</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, DAVID 3785 NW 82ND AVE., SUITE 201 MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, JORGE 3785 NW 82ND AVE., SUITE 201 MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUAREZ, MARC 3785 NW 82ND AVE., SUITE 201 MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <span style="float: right;">4/29/08 305-951-9066</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					