
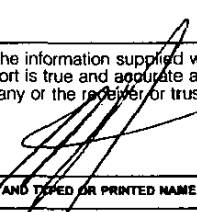


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 13, 2008 8:00 am**  
**Secretary of State**

06-13-2008 90050 017 \*\*\*138.75

<b>DOCUMENT # L06000047645</b>		
1. Entity Name <b>DELPHINI INDUSTRIAL PARK AT SOUTHERN CROSS, LLC</b>		
Principal Place of Business <b>845 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>845 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>KILLGORE, FRANK H JR. 2 SOUTH ORANGE AVE., 5TH FLOOR ORLANDO, FL 32801</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DELP, KENNETH M II 845 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KILLGORE, FRANK H JR. P.O. BOX 1913 ORLANDO, FL 328021913	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEARLMAN, CRAIG S P.O. BOX 1913 ORLANDO, FL 328021913	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  <b>6/19/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		

06092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**16-1763462**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required