

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90067 038 \*\*\*138.75

**DOCUMENT # L06000055152**

1. Entity Name  
**DELTONA DEVELOPERS, LLC**



Principal Place of Business  
**C/O DEVELOPERS REALTY CORPORATION  
433 S MAIN STREET SUITE 310  
WEST HARTFORD, CT 06110**

Mailing Address  
**C/O DEVELOPERS REALTY CORPORATION  
433 S MAIN STREET SUITE 310  
WEST HARTFORD, CT 06110**

**60009613**



01102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-8178095</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JOHNSON, SHELLY MAY ESQ  
8726 OLD CR 54 SUITE D  
NEW PORT RICHEY, FL 34653**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	EISENBAUM, WAYNE
STREET ADDRESS	433 S MAIN ST SUITE 310
CITY-ST-ZIP	WEST HARTFORD, CT 06110

TITLE	MGR
NAME	EISENBAUM, ALAN
STREET ADDRESS	433 S MAIN ST SUITE 310
CITY-ST-ZIP	WEST HARTFORD, CT 06110

TITLE	MGR
NAME	AMPM ENTERPRISES
STREET ADDRESS	433 S MAIN ST SUITE 310
CITY-ST-ZIP	WEST HARTFORD, CT 06110

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1-31-08**