

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055152

Entity Name: DELTONA DEVELOPERS, LLC

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-8178095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, SHELLY MAY ESQ
8726 OLD CR 54 SUITE D
NEW PORT RICHEY, FL 34653 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: MGR () Delete
Name: EISENBAUM, WAYNE
Address: 433 S MAIN ST SUITE 310
City-St-Zip: WEST HARTFORD, CT 06110

Title: MGR () Delete
Name: EISENBAUM, ALAN
Address: 433 S MAIN ST SUITE 310
City-St-Zip: WEST HARTFORD, CT 06110

Title: MGR () Delete
Name: AMPM ENTERPRISES
Address: 433 S MAIN ST SUITE 310
City-St-Zip: WEST HARTFORD, CT 06110

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 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: WAYNE EISENBAUM

MGRM

04/02/2009

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