## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L06000058786**

1. Entity Name
DELANEY PROPERTIES, LLC



FILED
Jan 31, 2008 08:00 AN
Secretary of State

Principal Place of Business

5925 VELVET LOOP LAKELAND, FL 33811 US Mailing Address

5925 VELVET LOOP LAKELAND, FL 33811

1 US



01302008 No Chg-LLC

CR2E083 (12/07)

١.	FEI Number 20-5070346	

5. Certificate of Status Desired

\$5.00 Additional

Applied For Not Applicable

6. Name and Address of Current Registered Agent

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

DELANEY, DONALD J 5925 VELVET LOOP LAKELAND, FL 33811

## 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.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE MGRM  NAME STREET ADDRESS CITY-ST-ZIP  MANAGING MEMBERS/MANAGERS  MGRM  DELANEY, DONALD J  5925 VELVET LOOP  LAKELAND, FL 33811  TITLE  NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP
TITLE NAME  STREET ADDRESS CITY-ST-ZIP  144 (I househin certiful that the information supplied with this fitting close not qualify for the

DO NOT WRITE

11. I hereby certify that the information supplied with this thing 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

31/02

Daytime Phone #