

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000070493**

1. Entity Name  
 DUPONT TOWNHOMES, LLC



|   |   |
|---|---|
| Principal Place of Business<br>236 SE 9TH AVENUE<br>OFFICE 3<br>DEERFIELD BEACH, FL 33441 | Mailing Address<br>236 SE 9TH AVENUE<br>OFFICE 3<br>DEERFIELD BEACH, FL 33441 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01082008No Chg-LLC      CR2E083 (12/07)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>20-5447180                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

GERTZ, CHRISTOPHER J ESQ.  
 18 FORT ROYAL ISLE  
 FORT LAUDERDALE, FL 33308

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U000000876323  
 04/11/08-80024-019 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LA GALA, KEITH<br>236 SE 9TH AVENUE<br>DEERFIELD BEACH, FL 33441 |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 #