

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076179

Entity Name: DELIA REAL ESTATE, LLC

FILED
Mar 27, 2008
Secretary of State

Current Principal Place of Business:

% JAMES W. GOODWIN, ESQ.
201 N. FRANKLIN STREET, STE. 2000
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

% JAMES W. GOODWIN, ESQ.
201 N. FRANKLIN STREET, STE. 2000
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-5360485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
201 N. FRANKLIN STREET, STE. 2000
TAMPA, FL 33602 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: DELIA, GARY
Address: 201 N FRANKLIN STREET SUITE 2000
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: DELIA, KAREN
Address: 201 N FRANKLIN STREET SUITE 2000
City-St-Zip: TAMPA, FL 33602

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: GRAY, RAND L
Address: 9431 SUMMERBREEZE TERRACE
City-St-Zip: NEW PORT RICHEY, FL 34655

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: RAND L GRAY

SEC

03/27/2008

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