

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078016

Entity Name: DELCO ENTERPRISES LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

2966 CLEVELAND AVE
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3860 CENTRAL AVE #204
FORT MYERS, FL 33901

New Mailing Address:

2107 ANITA AVE S
LEHIGH ACRES, FL 33971

FEI Number: 43-2109075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, CATHERINE
3860 CENTRAL AVE #204
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

COLEMAN, CATHERINE
2107 ANITA AVE S
LEHIGH ACRES, FL 33971 US

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: CATHERINE COLEMAN

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DELVA, PIERRE
Address: 3860 CENTRAL AVE #204
City-St-Zip: FORT MYERS, FL 33901

Title: MGR () Delete
Name: COLEMAN, CATHERINE
Address: 3860 CENTRAL AVE #204
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DELVA, PIERRE
Address: 2107 ANITA AVE S
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGR (X) Change () Addition
Name: COLEMAN, CATHERINE
Address: 2107 ANITA AVE S
City-St-Zip: LEHIGH ACRES, FL 33971

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: CATHERINE COLEMAN

MGR

04/30/2007

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