



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90025 048 \*\*\*138.75

|  |                                 |   |   |  |  |
|--|---------------------------------|---|---|--|--|
| <b>DOCUMENT # L07000002460</b><br>1. Entity Name<br>SS DELILAH ROAD, LLC   |                                 |   |   |   |  |
| Principal Place of Business<br>7932 WEST SANDLAKE ROAD STE 108<br>ORLANDO, FL 32819  |                                 |   | Mailing Address<br>7932 WEST SANDLAKE ROAD STE 108<br>ORLANDO, FL 32819   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |  |  |
| City & State<br><br>Zip      Country   |                                 | City & State<br><br>Zip      Country          |   | 4. FEI Number<br><b>20-8232147</b><br>Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |                                 |   |   | 04232008    Chg-LLC    CR2E083 (12/06)   |  |
| 6. Name and Address of Current Registered Agent<br><br>G&L AGENT SERVICES, INC.<br>390 NORTH ORANGE AVE STE 600<br>ORLANDO, FL 32801   |                                 |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City      FL      Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when remaining)      DATE _____   |                                 |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |                                 |   |   | Make check payable to<br>Florida, Department of State  |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                 |   | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Manager<br>Kurt O'Brien<br>7932 W. Sandlake Rd, Suite 108<br>Orlando, FL 32819 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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:    |                                 |   | APR 28 2008      407-248-2815   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #   |                                 |   |   |  |  |

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