2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# L07000012072

Entity Name: DELORENZO FAMILY, L.L.C.

Current Principal Place of Business:

690 OSCEOLA AVENUE, APT. 505
WINTER PARK, FL 32789

New Principal Place of Business:

690 OSCEOLA AVENUE,
APT 309
WINTER PARK, FL 32789

Current Mailing Address:

690 OSCEOLA AVENUE, APT. 505
WINTER PARK, FL 32789

New Mailing Address:

690 OSCEOLA AVENUE,
APT 309
WINTER PARK, FL 32789

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENRY RUMPEL, JOHN
690 OSCEOLA AVENUE, APT. 309
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

RUMPEL, JOHN H
690 OSCEOLA AVENUE, APT. 309
WINTER PARK, FL 32789 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: JOHN H. RUMPEL 02/25/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PATERSON, JOYA
Address: 690 OSCEOLA AVENUE, APT. 505
City-St-Zip: WINTER PARK, FL 32789

Title: MGR ( ) Delete
Name: HENRY RUMPEL, JOHN
Address: 690 OSCEOLA AVENUE, APT. 309
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

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

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

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: JOHN H. RUMPEL MGR 02/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date