

FILED
May 22, 2008 8:00 am
Secretary of State

04-17-2008 90165 006 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

4/17/

DOCUMENT # L07000115016					
1. Entity Name DELRAY ACE, LLC					
Principal Place of Business 50 S.E. 6TH AVENUE DELRAY BEACH, FL 33483			Mailing Address 1900 N.W. 3RD AVENUE DELRAY BEACH, FL 33444		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-152-0513	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SCHAFER, PAMELA J 1900 N.W. 3RD AVENUE DELRAY BEACH, FL 33444				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when retreating)					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75			Make check payable to Florida Department of State		
B. MANAGING MEMBERS/MANAGERS			C. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHAFER, PAMELA J 1900 N.W. 3RD AVENUE DELRAY BEACH, FL 33444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 906, Florida Statutes.					
SIGNATURE: <u>Pamela J. Schaffer</u> 4/15/08 561-278-1144					
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					