2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2012
Secretary of State

DOCUMENT# L10000029528

Entity Name: D.L.E. FLORIDA INVESTMENTS, LLC

Current Principal Place of Business:

15530 HAWKER LANE
WELLINGTON, FL 33414

New Principal Place of Business:

2051 N UNIVERSITY DRIVE
AT LANDRICH RE
SUNRISE, FL 33322

Current Mailing Address:

15530 HAWKER LANE
WELLINGTON, FL 33414

New Mailing Address:

2051 N UNIVERSITY DRIVE
AT LANDRICH RE
SUNRISE, FL 33322

FEI Number: 90-0589546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAMIR, ELI
15530 HAWKER LANE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SHTRULL, IZAK
2051 N UNIVERSITY DRIVE
AT LANDRICH RE
SUNRISE, FL 33322 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: IZAK SHTRULL 02/21/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LICHTER, DAN
Address: 2051 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

Title: MGRM
Name: ADAN, OMER
Address: 2051 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

Title: MGRM
Name: PAZ, NIZAN
Address: 2051 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

Title: MGRM
Name: KARSILOVSKI, ILAN
Address: 2051 N UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, FL 00000

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, FL 00000

I hereby 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 Statues.

SIGNATURE: IZAK SHTRULL MNGR 02/21/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date