


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000003821</b> 1. Entity Name DELLA PORTA HOLDINGS, L.L.C.	
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Principal Place of Business 1300 36TH STREET, STE F VERO BEACH, FL 32960	Mailing Address 1300 36TH STREET, STE F VERO BEACH, FL 32960
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03022004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3586825	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DELLA-PORTA, RAYMOND A 1300 36TH STREET, STE F VERO BEACH, FL 32960
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE 4.29.04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DELLA PORTA, RAYMOND A 1300 36TH STREET, STE F VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DELLA PORTA, MARGARET 1300 36TH STREET, STE F VERO BEACH, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000156420 05-05-04-80077-016 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE 4.29.04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #