

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000000267

1. Entity Name
DELRAY BEACH DEVELOPMENT, LLC



Principal Place of Business
**1001 E ATLANTIC AVE., SUITE 202
DELRAY BEACH, FL 33483**

Mailing Address
**1000 MARKET ST
SUITE 300
PORTSMOUTH, NH 03801**



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0135556

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E ATLANTIC AVE., SUITE 202
CITY-STATE-ZIP	DELRAY BEACH, FL 33483
TITLE	MGR
NAME	WALSH, MARK
STREET ADDRESS	1001 E ATLANTIC AVE., SUITE 202
CITY-STATE-ZIP	DELRAY BEACH, FL 33483
TITLE	MGR
NAME	WALSH, WILLIAM
STREET ADDRESS	1000 MARKET ST
CITY-STATE-ZIP	PORTSMOUTH, NH 03801
TITLE	MGR
NAME	WALSH, WILLIAM
STREET ADDRESS	100 MARKET STREET
CITY-STATE-ZIP	PORTSMOUTH, NH 03801
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000915760
05/12/08-80001-005 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone # _____