

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # M06000002003

1. Entity Name
9751 DELEGATES DRIVE, LLC



Principal Place of Business
10305 EAST CALLE DEL LAS BRISAS
SCOTTSDALE, AZ 85255

Mailing Address
10305 EAST CALLE DEL LAS BRISAS
SCOTTSDALE, AZ 85255



04252007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3934122

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARVIN L. BEAMAN, JR., P.A.
605 N. WYMORE ROAD
WINTER PARK, FL 32789

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WHITE, JOHN C TRUSTEE
STREET ADDRESS	10305 EAST CALLE DEL LAS BRISAS
CITY-ST-ZIP	SCOTTSDALE, AZ 85255
TITLE	MGR
NAME	WHITE, CYNTHIA L TRUSTEE
STREET ADDRESS	10305 EAST CALLE DEL LAS BRISAS
CITY-ST-ZIP	SCOTTSDALE, AZ 85255
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/07-80058-025 55.00

**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: *David Hopkins CPA* **DAVID HOPKINS**

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

4-25-07

Date

480 948 8000

Daytime Phone #