

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003576

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** EAST DELRAY LLC

**Current Principal Place of Business:**

1001 EAST ATLANTIC AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1001 EAST ATLANTIC AVENUE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WALSH, MARK T  
Address: 1001 EAST ATLANTIC AVENUE, SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR  
Name: WALSH, MICHAEL P  
Address: 1001 EAST ATLANTIC AVENUE, SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR  
Name: WALSH, WILLIAM J  
Address: 1001 EAST ATLANTIC AVENUE, SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR  
Name: MCMURRAIN, THOMAS T  
Address: 1001 EAST ATLANTIC AVENUE, SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR  
Name: ADE, RICHARD  
Address: 1000 MARKET STREET, SUITE 300  
City-St-Zip: PORTSMOUTH, NH 03801 US

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 Statutes.

**SIGNATURE:** RICHARD C. ADE

MGR

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date