

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000001016

1. Entity Name
DELAWARE EASTGROUP PROPERTY SERVICES, LLC



Principal Place of Business
**300 ONE JACKSON PLACE
188 EAST CAPITOL ST
JACKSON, MS 39201 US**

Mailing Address
**300 ONE JACKSON PLACE
188 EAST CAPITOL ST
JACKSON, MS 39201 US**



01242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0899996

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 reissuing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--|
| TITLE | MGR |
| NAME | SPEED, LELAND R |
| STREET ADDRESS | 300 ONE JACKSON PLACE, 188 EAST CAPITOL ST |
| CITY-STATE-ZIP | JACKSON, MS 39201 |
| TITLE | MGR |
| NAME | HOSTER, DAVID H II |
| STREET ADDRESS | 300 ONE JACKSON PLACE, 188 EAST CAPITOL ST |
| CITY-STATE-ZIP | JACKSON, MS 39201 |
| TITLE | MGR |
| NAME | MCKEY, N. KEITH |
| STREET ADDRESS | 300 ONE JACKSON PLACE, 188 EAST CAPITOL ST |
| CITY-STATE-ZIP | JACKSON, MS 39201 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

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05/01/06-80058-002 50.00

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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: *N. Keith McKey* **N. Keith McKey, CFO** **4-10-06** **601-354-3555**

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

Date

Daytime Phone #