

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 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**



01052007No 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 reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

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

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05/16/07-80056-010 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, CEO 4/24/07 601-354-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #