

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 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**



01282008 No Chg-LLC

CR2E083 (12/07)

**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

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

000000920997  
05/14/08-80063-013 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SPEED, LELAND R  
300 ONE JACKSON PLACE, 188 EAST CAPITOL ST  
JACKSON, MS 39201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HOSTER, DAVID H II  
300 ONE JACKSON PLACE, 188 EAST CAPITOL ST  
JACKSON, MS 39201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MCKEY, N. KEITH  
300 ONE JACKSON PLACE, 188 EAST CAPITOL ST  
JACKSON, MS 39201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*N. Keith McKey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-16-08

Date

6013543555

Daytime Phone #