2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 21 AM 10:55

DOCUMENT # L01000006900

1. Entity Name
DOLPHIN WATCH VI, LLC

Principal Place of Business	Mailing Address
3512 GULF BLVD ST PETE BEACH, FL 33706	3512 GULF BLVD ST PETE BEACH, FL 33706

11152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3618 El Centro Street	3618 El Centro Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Pete Beach, FL	City & State: St. Pete Beach, FL
Zip: 33706 Country: USA	Zip: 33706 Country: USA

4. FEI Number: 08-8582798 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIRKWOOD, PETER T 601 BAYSHORE BLVD SUITE 700 TAMPA, FL 33606	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MANNING, R SEAN MGR 3618 EL CENTRO ST SAINT PETE BEACH, FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM/P/S/T Beth Ann Morean 3618 El Centro Street St. Pete Beach, FL 33706	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MANNING, LAWRENCE W 111 FREDONIA RD GREENVILLE, PA 16125	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200062300392 12/21/05--01006--006 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CZYRNY, DENISE 7135 BEAR RIDGE RD NORTH TONAWANDA, NY 14120	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Beth Ann Morean 11-25-05 #274600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #
Beth Ann Morean, Managing Member