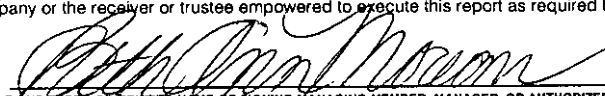


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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 3512 GULF BLVD ST PETE BEACH, FL 33706			Mailing Address 3512 GULF BLVD ST PETE BEACH, FL 33706		
2. Principal Place of Business 3618 El Centro Street		3. Mailing Address 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		4. FEI Number 08-8582798	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required		11152005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent KIRKWOOD, PETER T 601 BAYSHORE BLVD SUITE 700 TAMPA, FL 33606				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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: 				11-25-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Beth Ann Morean, Managing Member				Date Day/Time Phone # #274600	