


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90432 025 \*\*\*\*50.00

**DOCUMENT # L02000015347**

1. Entity Name  
**DOLPHIN SQUARE, LLC**



Principal Place of Business  
**4300 BAYOU BLVD.  
 PENSACOLA, FL 32503**

Mailing Address  
**220 S PALAFOX ST.  
 PENSACOLA, FL 32501**

**24021076**

2. Principal Place of Business  
**700 Baycliffs RD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**700 Baycliffs RD**  
 Suite, Apt. #, etc.



01202004 Chg-LLC CR2E083 (10/03)

City & State  
**Gulf Breeze, FL**

City & State  
**Gulf Breeze, FL**

Zip  
**32561-4808**

Country  
**SANTA ROSA**

Zip  
**32561-4808**

Country  
**SANTA ROSA**

4. FEI Number  
**59-2262477**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORHEAD, STEPHEN R**  
**4300 BAYOU BLVD., SUITE 13**  
**PENSACOLA, FL 32503**

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 **James S. Miller m.d James S. Miller, m.d.** DATE **3/10/04**

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

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAY, R.T. 4401 N. 12TH AVENUE PENSACOLA, FL 32503 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, KATHLEEN 615 BAYSHORE DRIVE PENSACOLA, FL 32507 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEWS, GEORGE III 484 ROCKY FACE ROAD SYLVA, NC 28779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVERITTE, WILLIAM 3460 SMYER DRIVE PACE, FL 32571 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILBERT, G.H. MD 1700 SCENIC HWY., APT. 600 PENSACOLA, FL 32503 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAVARD, E.S. MD 4720 ABERCROMBIE CIRCLE PENSACOLA, FL 32504 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James S. Miller 700 Baycliffs RD. Gulf Breeze, FL 32561-4808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **James S. Miller, m.d. James S. Miller, m.d.** DATE **3/10/04** (P.50) 932-5596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #