

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L02000015347

Entity Name: DOLPHIN SQUARE, LLC

Current Principal Place of Business:

700 BAYCLIFFS ROAD.
GULF BREEZE, FL 325614808

New Principal Place of Business:

Current Mailing Address:

700 BAYELIFFS RD.
GULF BREEZE, FL 325614808

New Mailing Address:

FEI Number: 59-2262477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MOORHEAD, STEPHEN R
25 W GOVERNMENT STREET
PENSACOLA, FL 32502 US

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.

SIGNATURE: _____

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAY, R.T.
Address: 4401 N. 12TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM () Delete
Name: PHILLIPS, KATHLEEN
Address: 615 BAYSHORE DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM () Delete
Name: MATTHEWS, GEORGE III
Address: 484 ROCKY FACE ROAD
City-St-Zip: SYLVA, NC 28779

Title: MGRM () Delete
Name: AVERITTE, WILLIAM
Address: 3460 SMYER DRIVE
City-St-Zip: PACE, FL 32571

Title: MGRM () Delete
Name: HILBERT, G.H. MD
Address: 1700 SCENIC HWY., APT. 600
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM () Delete
Name: HAVARD, E.S. MD
Address: 4720 ABERCROMBIE CIRCLE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MILLER, JAMES S MD
Address: 700 BAYCLIFF ROAD
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date