


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053039 1. Entity Name DOLPHIN COVE DEVELOPMENT, LLC	
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Principal Place of Business 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301	Mailing Address P O BOX 502670 ST THOMAS, VI 00802
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DO NOT WRITE IN THIS SPACE



01102006No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0817799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
 515 E. PARK AVE.
 TALLAHASSEE, FL 32301

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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 _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORD, LEO 2 GA RIDGE RD ST THOMAS, VI 00802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARRINER, DAVID 4123 INCLINE VILLAGE INCLINE VILLAGE, NV 89451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVERILL, DUANE 774 MAYS BLVD., #10, PMB 186 INCLINE VILLAGE, NV 89451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUZZITIELO, RICHARD ELYSIAN, #332-333, 6800 EST. NAZARETH, ST. THOMAS, V.I.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000567146
 06/13/06-80004-010 50.00

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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: Joanne E. Hudson, CPA 1-11-06 340-715-4032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #