

**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



Principal Place of Business

**103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301**

Mailing Address

**P O BOX 502670
ST THOMAS, VI 00802**



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0817799

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-11-06 *340-715-4032*
Date Daytime Phone #