

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053039

FILED  
Jul 15, 2007  
Secretary of State

Entity Name: DOLPHIN COVE DEVELOPMENT, LLC

## Current Principal Place of Business:

103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 502670  
ST THOMAS, VI 00802

## New Mailing Address:

6501 RED HOOK PLAZA  
SUITE 201 PMB 808  
ST THOMAS, VI 00802

FEI Number: 01-0817799      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:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FORD, LEO  
Address: 2 GA RIDGE RD  
City-St-Zip: ST THOMAS, VI 00802

Title: MGRM ( ) Delete  
Name: MARRINER, DAVID  
Address: 4123 INCLINE VILLAGE  
City-St-Zip: INCLINE VILLAGE, NV 89451

Title: MGRM ( ) Delete  
Name: DEVERILL, DUANE  
Address: 774 MAYS BLVD., #10, PMB 186  
City-St-Zip: INCLINE VILLAGE, NV 89451

Title: MGRM ( ) Delete  
Name: PUZZITIELO, RICHARD  
Address: ELYSIAN, #332-333, 6800 EST.  
City-St-Zip: NAZARETH, ST. THOMAS, V.I.,

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: MANFRED H. SOEFFING

GM

07/15/2007

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