


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90140 027 ****50.00

DOCUMENT # L05000067970 1. Entity Name GREY DOLPHIN, LLC	
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Principal Place of Business 14550-58TH STREET NORTH CLEARWATER, FL 33760	Mailing Address 14550-58TH STREET NORTH CLEARWATER, FL 33760
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DO NOT WRITE IN THIS SPACE



01252007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3166165	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BACON, DAVID A
2959 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33713

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHAPMAN, R. TOM 14550-58TH STREET NORTH CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARAYBAR, ALBERTO F 14550-58TH STREET NORTH CLEARWATER, FL 33760
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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: R. Tom Chapman MANAGING MEMBER 3/16/07 727-535-6339

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