2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092490

Entity Name: BLUE DOLPHIN ENTERPRISES, LLC

FILED Mar 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3 ROSEWOOD DRIVE 1290 NORTH RIDGE BLVD. DAVENPORT, FL 33837

APT# 812

CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

1290 NORTH RIDGE BLVD. 3 ROSEWOOD DRIVE DAVENPORT, FL 33837 APT# 812

CLERMONT, FL 34711

FEI Number: 20-3501918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHARON C BRANNAN CPA PA 161 N. MAIN STREET WILLISTON, FL 32696 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:

City-St-Zip:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM () Delete ABBOTT, MARY Name:

Address: 3 ROSEWOOD DRIVE City-St-Zip: DAVENPORT, FL 33837 US

Title: MGRM () Delete Name: VONHEGEL, FAITH Address: 3 ROSEWOOD DRIVE

DAVENPORT, FL 33837 US

ADDITIONS/CHANGES:

Title: (X) Change () Addition

ABBOTT, MARY D Name: Address: 1290 NORTH RIDGE BLVD.

CLERMONT, FL 34711 US

City-St-Zip:

(X) Change () Addition Title: MGR

Name: PEREZ, MONIQUE I Address: 1290 NORTH RIDGE BLVD. City-St-Zip: CLERMONT, FL 34711

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: MARY D. ABBOTT **MGRM** 03/13/2007