


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
26-3 SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 26 AM 8:33

DOCUMENT # A01000001436 1. Entity Name DOLPHIN II, LLLP	
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Principal Place of Business 155 CRYSTAL BEACH DRIVE, SUITE 100 DESTIN, FL 32541	Mailing Address 155 CRYSTAL BEACH DRIVE, SUITE 100 DESTIN, FL 32541
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



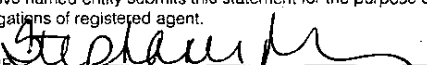
03182004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3744021	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LARSON, ALAN F 155 CRYSTAL BEACH DRIVE, SUITE 100 DESTIN, FL 32541

7. Name and Address of New Registered Agent Name Stephanie Schroeder Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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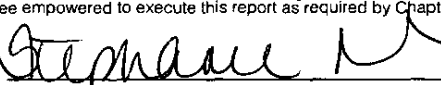
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE	
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9. Capital Contributions as Shown on record. \$25,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000061473 DOLPHIN LAND TITLE, INC. 155 CRYSTAL BEACH DRIVE, SUITE 100 DESTIN, FL 32541	STREET ADDRESS CITY-ST-ZIP	100032725551 04/14/04--01021--018 **263.75
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:  DATE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #
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