

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008016

FILED  
May 09, 2008  
Secretary of State

**Entity Name:** DOLPHIN YACHT BROKERAGE, L.L.C.

**Current Principal Place of Business:**

331 HARBOR BOULEVARD  
DESTIN, FL 32541

**New Principal Place of Business:**

114 PALMETTO STREET  
SUITE 2  
DESTIN, FL 32541

**Current Mailing Address:**

P.O. BOX 817  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 59-3724973      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:**

GRIMSLEY, JAMES W  
331 HARBOR BOULEVARD  
DESTIN, FL 32541      US

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

GRIMSLEY, JAMES W  
114 PALMETTO STREET  
SUITE 2  
DESTIN, FL 32541      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: \_\_\_\_\_

05/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SPRINGFIELD, JOHNNY E  
Address: 331 HARBOR BOULEVARD  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: SPRINGFIELD, JOHNNY E  
Address: 114 PALMETTO STREET, SUITE 2  
City-St-Zip: DESTIN, FL 32541

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: JOHNNY E. SPRINGFIELD

MM

05/09/2008

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