

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

05-22-2002 90207 039 ****50.00

DOCUMENT # L01000017625

1. Entity Name
DELPHI LAND, LLC

Principal Place of Business
PMB 205
117 RACETRACK ROAD NW
FORT WALTON BEACH FL 32547-1697

Mailing Address
PMB 205
117 RACETRACK ROAD NW
FORT WALTON BEACH FL 32547-1697

33436



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

PMB 205
117 Racetrack Road NW, FL

Zip
32547-1697

Country
USA

3. Mailing Address

Suite, Apt. #, etc.
SAME

City & State

Zip Country

4. FEI Number

593750639

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITMIRE, DRENNEN L JR ESQ.
450 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Delphi Land LLC	PoB 308	Shalimar FL 32579	<input type="checkbox"/>
	510199123PT (Trust)	450 Royal Palm Way	Palm Beach FL 33480	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (9/01)

11. 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 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:

[Handwritten Signature]

27 April 2002 850621-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

0004129

DOCUMENT # L01000017625
 1. Entity Name
DELPHI LAND, LLC

Attachment

Principal Place of Business Mailing Address
PMB 205 117 RACETRACK ROAD NW FORT WALTON BEACH FL 32547-1697

39452



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
PMB 205 117 RACETRACK ROAD NW

City & State Zip Country
Fort Walton Bch FL 32547-1697 USA

4. FEI Number Applied For
593750639 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**WHITMIRE, DRENNEN L JR ESQ.
 450 ROYAL PALM WAY, SIXTH FLOOR
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____



9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Delphi Land INC POBox 368 Shalimar FL 32579 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER TRUST 510199123 PT 450 Royal Palm Way Palm Beach FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *[Signature]* 27 April 2002 850 621-5777

CR2E083 (4/02)