

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

33434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **PMB 205**
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc. **SAME**

City & State **117 Racetrack Road NW FL**

4. FEI Number **593750639**
 Applied For Not Applicable

Zip **32547-1697** Country **USA**

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

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

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

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: **[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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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SIGNATURE: *[Signature]* 27 April 2002 850 621-5777

CR2E083 (4/02)