


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90176 022 \*\*\*\*50.00

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| <b>DOCUMENT # L01000017625</b><br>1. Entity Name<br>DELPHI LAND, LLC  |  |  |  |   |   |
| Principal Place of Business<br>PMB 205<br>117 RACETRACK ROAD NW<br>FORT WALTON BEACH, FL 32547-1697   |  |  | Mailing Address<br>PMB 205<br>117 RACETRACK ROAD NW<br>FORT WALTON BEACH, FL 32547-1697  |  |   |
| 2. Principal Place of Business<br>548 MARY Esther Cutoff<br>Suite, Apt. #, etc.<br># 315<br>City & State<br>Ft. WALTON Beach FL<br>Zip<br>32548<br>Country<br>USA   |  | 3. Mailing Address<br>548 MARY Esther Cutoff<br>Suite, Apt. #, etc.<br># 315<br>City & State<br>Ft. WALTON Beach, FL<br>Zip<br>32548<br>Country<br>USA |  |  |   |
| 02102005 Chg-LLC CR2E083 (10/03)  |  |  |  | 4. FEI Number<br>59-3750639  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  |  |  | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br>WHITMIRE, DRENNEN L JR ESQ.<br>450 ROYAL PALM WAY, SIXTH FLOOR<br>PALM BEACH, FL 33480   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |  |  |  |   |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>   |  |  | <b>Make check payable to Florida Department of State</b>   |  |   |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>DELPHILAND INC<br>PO BOX 868<br>SHALIMAR, FL 32579               | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>TRUST 510199123 PT<br>450 ROYAL PALM WAY<br>PALM BEACH, FL 33480 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>G.E. Keller Jr.</i> Manager, G.E. Keller Jr., 2-10-05 850-621-5777<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  |  |  |   |