


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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| 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 | | |
| 2. Principal Place of Business 548 MARY Esther Cutoff Suite, Apt. #, etc. # 315 City & State Ft. WALTON Beach FL Zip 32548 Country USA | | 3. Mailing Address 548 MARY Esther Cutoff Suite, Apt. #, etc. # 315 City & State Ft. WALTON Beach, FL Zip 32548 Country USA | | 02102005 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 59-3750639 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DELPHILAND INC PO BOX 868 SHALIMAR, FL 32579 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM 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"/> Change <input type="checkbox"/> Addition |
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| 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 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |