

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017625

FILED  
Feb 25, 2006  
Secretary of State

Entity Name: DELPHI LAND, LLC

**Current Principal Place of Business:**

548 MARY ESTHER CUTOFF  
#315  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

548 MARY ESTHER CUTOFF  
#315  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 59-3750639      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DELPHILAND INC,  
Address: PO BOX 868  
City-St-Zip: SHALIMAR, FL 32579

Title: MGRM (X) Delete  
Name: TRUST 510199123 PT,  
Address: 450 ROYAL PALM WAY  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DELPHILAND INC,  
Address: 3395 SOUTH JONES BLVD, # 133  
City-St-Zip: LAS VEGAS, NV 89103 22

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: G E KELLER JR, AGENT

AGENT

02/25/2006

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