

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90215 025 ****50.00

DOCUMENT # L01000017625					
1. Entity Name DELPHI LAND, LLC					
Principal Place of Business 548 MARY ESTHER CUTOFF #315 FORT WALTON BEACH, FL 32548			Mailing Address 548 MARY ESTHER CUTOFF #315 FORT WALTON BEACH, FL 32548		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 <u>Whitmire, Drennen L, JR. ESQ</u> Street Address (P.O. Box Number is Not Acceptable) <u>660 US Highway ONE, Third Floor</u> City <u>N. PALM Bch</u> FL Zip Code <u>33480</u>	
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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELPHILAND INC 3395 SOUTH JONES BLVD, # 133 LAS VEGAS, NV 89103	<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		<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 exemptions contained in Chapter 119, 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: _____		Daytime Phone #: <u>850 621-5777</u>