


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000018111
 1. Entity Name
BLUE DOLPHIN MORTGAGE LENDING, LLC



Principal Place of Business Mailing Address
 672 NORTH SEMORAN BLVD., STE. 202 672 NORTH SEMORAN BLVD., STE. 202
 ORLANDO, FL 32807 ORLANDO, FL 32807

DO NOT WRITE IN THIS SPACE



01132004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
59-3750764 Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
 NAME: SANTIAGO, MARIA N
 STREET ADDRESS: 672 NORTH SEMORAN BLVD., STE. 202
 CITY-ST-ZIP: ORLANDO, FL 32807

TITLE: MGR
 NAME: DORSEY, HAYDEE
 STREET ADDRESS: 672 NORTH SEMORAN BLVD., STE. 202
 CITY-ST-ZIP: ORLANDO, FL 32807

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
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 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

100000106685
 04/08/04-80025-014 50.00

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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)(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: Maria N. Santiago Maria N. Santiago 4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

407-384-0044