
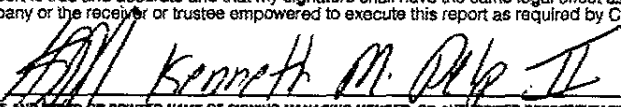


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000001396</b> 1. Entity Name <b>DELPHINI INVESTMENT GROUP, LLC</b>			
Principal Place of Business <b>843 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714</b>		Mailing Address <b>843 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
4. FEI Number <b>80-0031010</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DELP, KEN II 845 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000154173 05/04/04-80156-014 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELP, KEN II 845 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <b>Kenneth M. Delph II</b>		Date <b>4/29/04</b> Daytime Phone # <b>407-830-7417</b>	