


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90432 025 ****50.00

DOCUMENT # L02000015347	
1. Entity Name DOLPHIN SQUARE, LLC	

Principal Place of Business 4300 BAYOU BLVD. PENSACOLA, FL 32503	Mailing Address 220 S PALAFOX ST. PENSACOLA, FL 32501
--	---

24021076

2. Principal Place of Business 700 Baycliffs RD	3. Mailing Address 700 Baycliffs RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01202004 Chg-LLC CR2E083 (10/03)

City & State Gulf Breeze, FL	City & State Gulf Breeze, FL
Zip 32561-4808	Country SANTA ROSA
Zip 32561-4808	Country SANTA ROSA

4. FEI Number 59-2262477	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
MOORHEAD, STEPHEN R 4300 BAYOU BLVD., SUITE 13 PENSACOLA, FL 32503	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 James S. Miller m.d. James S. Miller, m.d. DATE 3/10/04

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAY, R.T. 4401 N. 12TH AVENUE PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James S. Miller 700 Baycliffs RD. Gulf Breeze, FL 32561-4808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, KATHLEEN 615 BAYSHORE DRIVE PENSACOLA, FL 32507 <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 MATTHEWS, GEORGE III 484 ROCKY FACE ROAD SYLVA, NC 28779 <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 AVERITTE, WILLIAM 3460 SMYER DRIVE PACE, FL 32571 <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 HILBERT, G.H. MD 1700 SCENIC HWY., APT. 600 PENSACOLA, FL 32503 <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 HAYARD, E.S. MD 4720 ABERCROMBIE CIRCLE PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James S. Miller m.d. James S. Miller m.d. DATE 3/10/04 (P.S.O) 932-5596