

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000002767 1. Entity Name DOLPHIN DELIVERY, LLC	
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Principal Place of Business 1104 E. ROBINSON STREET ORLANDO, FL 32801	Mailing Address P.O. BOX 180156 CASSELBERRY, FL 32707-0156
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DO NOT WRITE IN THIS SPACE



01242006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 61-1445890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SUTHERLAND, LOUIS A 1104 E. ROBINSON STREET ORLANDO, FL 32801
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	SUTHERLAND, LOUIS A
STREET ADDRESS	1104 E. ROBINSON STREET
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	MGR
NAME	MACOMBER, ROBERT H
STREET ADDRESS	1104 E. ROBINSON STREET
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1107000453443
03/14/06-80022-005 50.00

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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: Louis A. Sutherland MGR LOUISA SUTHERLAND 2-24-06 407-689-47

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #