


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90107 016 ****55.00


DOCUMENT # L03000009650
 1. Entity Name
 DELAPHIN ENERGY RESOURCES II, LLC



Principal Place of Business Mailing Address
 12820 TAMiami TRAIL 12820 TAMiami TRAIL
 SUITE #2 SUITE #2
 NAPLES, FL 34110 NAPLES, FL 34110

2. Principal Place of Business 3. Mailing Address
 6602 Ilex Circle 6602 Ilex Circle
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Naples, FL Naples, FL
 Zip Country Zip Country
 34109 34109

20067202

 07152005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 27-0050307 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHILDS, ALLEN
 12820 TAMiami TRAIL, SUITE #2
 NAPLES, FL 34110

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 6602 Ilex Circle
 City Naples, FL Zip Code 34109

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 September 7, 2005 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHILDS, ALLEN 12820 TAMiami TRAIL, SUITE #2 NAPLES, FL 34110 <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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____