


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000021557 1. Entity Name DOLPHIN ORTHOPEDICS, L.L.C.	
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Principal Place of Business 1111 12TH STREET, SUITE 205 KEY WEST, FL 33040	Mailing Address 1111 12TH STREET, SUITE 205 KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



03222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1193055	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DEVANE, WILLIAM N JR. 5701 OVERSEAS HIGHWAY, SUITE 12 MARATHON, FL 33050	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOEFFLER, ROBERT D 300 CARTE DEL BASAS MARATHON, FL 33050
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04/05/05-80017-005 \$5.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/31/05 305 2953477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #