2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000021557

1. Entity Name
DOLPHIN ORTHOPEDICS, L.L.C.

Principal Place of Business	Mailing Address
1111 12TH STREET, SUITE 205	1111 12TH STREET, SUITE 205
KEY WEST, FL 33040	KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

02162006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
65-1193055		Not Applicable

5. Certificate of Status Desired ☐   **$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

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS	
TITLE	P	
NAME	LOEFFLER, ROBERT D	
STREET ADDRESS	300 CARTE DEL BASAS	
CITY-ST-ZIP	MARATHON, FL 33050	
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		

000000481617
04/11/06-00041-006 55.00

DO NOT WRITE
IN THIS SPACE

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: _____   3/13/06

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