
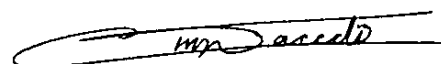


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000022548</b>					
<b>1. Entity Name</b> DOLPHIN INVESTMENT LLC					
<b>Principal Place of Business</b> 3405 ROBINHOOD RD. TALLAHASSEE, FL 32312			<b>Mailing Address</b> 3405 ROBINHOOD RD. TALLAHASSEE, FL 32312		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City	
<b>6. Name and Address of Current Registered Agent</b> MACEDO, CARLOS 3405 ROBINHOOD RD. TALLAHASSEE, FL 32312					
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLMES, ZINNAH 3405 ROBINHOOD RD. TALLAHASSEE, FL 32312			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEDO, CARLOS 3405 ROBINHOOD RD. TALLAHASSEE, FL 32312			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEDO, CARLOS 3405 ROBINHOOD RD. TALLAHASSEE, FL 32312			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEDO, CARLOS 3405 ROBINHOOD RD. TALLAHASSEE, FL 32312			<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEDO, CARLOS 3405 ROBINHOOD RD. TALLAHASSEE, FL 32312			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEDO, CARLOS 3405 ROBINHOOD RD. TALLAHASSEE, FL 32312			<input type="checkbox"/> Delete	
<b>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.</b>					
<b>SIGNATURE:</b> 				Date: 7/28/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: 850-523-4231	

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FL 32312



07282006 Chg-LLC CR2E083 (11/05)

4. FEI Number 32-0086453 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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