


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90029 035 ****50.00

DOCUMENT # L03000036059	
1. Entity Name BLUE DOLPHIN TITLE, L.L.C.	

Principal Place of Business POST OFFICE BOX 18711 PANAMA CITY BEACH, FL 32417	Mailing Address POST OFFICE BOX 18711 PANAMA CITY BEACH, FL 32417
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20050010

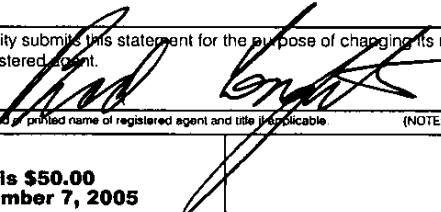
2. Principal Place of Business 415 Beckrich Rd Suite, Apt. #, etc. 320	3. Mailing Address 415 Beckrich Road Suite, Apt. #, etc. 320
City & State Panama City Beach FL Zip 32407 Country USA	City & State Panama City Beach FL Zip 32407 Country USA



05082005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent LARSON, ALAN 4692 AMHURST CIRCLE DESTIN, FL 32541	
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7. Name and Address of New Registered Agent Name Brad Congleton Street Address (P.O. Box Number is Not Acceptable) 15 Opleyn Grayton Circle #15 City Santa Rosa Beach FL Zip Code 32459	
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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 	DATE 5/7/05
(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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARSON, ALAN F 415 BECKRICH RD STE 320 PANAMA CITY BEACH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 	DATE 5/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	