2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 02, 2005
Secretary of State

DOCUMENT# L04000022836

Entity Name: DOLPHIN DEVELOPMENT GROUP, L.L.C.

Current Principal Place of Business:

4742 S.W. ANCHOR AVENUE, APT. 6
STUART, FL 34997

New Principal Place of Business:

4300 S.E. ST. LUCIE BLVD.
UNIT 19
STUART, FL 34997

Current Mailing Address:

4742 S.W. ANCHOR AVENUE, APT. 6
STUART, FL 34997

New Mailing Address:

4300 S.E. ST. LUCIE BLVD.
UNIT 19
STUART, FL 34997

FEI Number: 32-0112496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAHOOD, LEROY B II
4742 S.W. ANCHOR AVENUE, APT. 6
STUART, FL 34997 US

Name and Address of New Registered Agent:

O'SULLIVAN, PHILIP
4300 S.E. ST. LUCIE BLVD.
UNIT 19
STUART, FL 34997 US

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.

SIGNATURE: PHILIP O'SULLIVAN 11/02/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MEMB ( ) Change (X) Addition
Name: O'SULLIVAN, PHILIP
Address: 4300 S.E. ST. LUCIE BLVD., UNIT 19
City-St-Zip: STUART, FL 34997

Title: MEMB ( ) Change (X) Addition
Name: MAHOOD, LEROY B II
Address: 50 N.E. DIXIE HIGHWAY, SUITE E6
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHILIP O'SULLIVAN MGR 11/02/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date