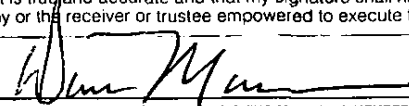


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90511 005 ***538.75

DOCUMENT # L04000053039 1. Entity Name DOLPHIN COVE DEVELOPMENT, LLC					
Principal Place of Business 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301			Mailing Address 6501 RED HOOK PLAZA SUITE 201 PMB 808 ST THOMAS, VI 00802		
2. Principal Place of Business - No P.O. Box # 2 GA RIDGE ROAD Suite, Apt. #, etc. ESTATE NAZARETH City & State ST THOMAS, USVI Zip 00802		3. Mailing Address Suite, Apt. #, etc. City & State Zip USA			
05162008 Chg-LLC CR2E083 (12/06)		4. FEI Number 01-0817799		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	FORD, LEO	NAME			
STREET ADDRESS	2 GA RIDGE RD	STREET ADDRESS			
CITY - ST - ZIP	ST THOMAS, VI 00802	CITY - ST - ZIP			
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MARRINER, DAVID	NAME			
STREET ADDRESS	4123 INCLINE VILLAGE	STREET ADDRESS			
CITY - ST - ZIP	INCLINE VILLAGE, NV 89451	CITY - ST - ZIP			
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	DEVERILL, DUANE	NAME			
STREET ADDRESS	774 MAYS BLVD., #10, PMB 186	STREET ADDRESS			
CITY - ST - ZIP	INCLINE VILLAGE, NV 89451	CITY - ST - ZIP			
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	PUZZITIELLO, RICHARD	NAME			
STREET ADDRESS	ELYSIAN, #332-333, 6800 EST.	STREET ADDRESS			
CITY - ST - ZIP	NAZARETH, ST. THOMAS, V.I.,	CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: 		Date 5/19/08		Daytime Phone # 775-745-8482	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					