

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060548

FILED
Mar 12, 2005
Secretary of State

Entity Name: DOLPHIN HAMMOCK OAKS LLC

Current Principal Place of Business:

83 CYPRESS BREEZE DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

83 CYPRESS BREEZE DRIVE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 42-1640524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHLER, ROGER A
83 CYPRESS BREEZE DRIVE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MOHLER, ROGER A
Address: 83 CYPRESS BREEZE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR () Delete
Name: TARLE, ERNEST J
Address: 102 CYPRESS BREEZE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR () Delete
Name: TARLE, JAMES S
Address: 2239 LAUGHING GULL CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROGER MOHLER

MGRM

03/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date