

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064323

Entity Name: DELPHIN USA, LLC

FILED  
Aug 14, 2006  
Secretary of State

**Current Principal Place of Business:**

185 23RD AVE NORTH  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

204 37TH AVE NORTH  
#350  
ST. PETERSBURG, FL 33704 US

**New Mailing Address:**

FEI Number: 20-1573261      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SHUKYS, JOSEPH P  
204 37TH AVE NORTH  
#350  
ST. PETERSBURG, FL 33704 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHUKYS, JOSEPH P  
Address: 204 37TH AVE NORTH #350  
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: MGR ( ) Delete  
Name: SHUKYS, MICHELLE L  
Address: 204 37TH AVE NORTH #350  
City-St-Zip: ST. PETERSBURG, FL 33704 US

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: JOSEPH P. SHUKYS

MGRM

08/14/2006

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