

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-22-2008 90121 025 ***143.75

60002802



DOCUMENT # L05000088406 1. Entity Name DOLPHIN LAND EXCHANGE LLC					
Principal Place of Business 1 CREEK CT PALM COAST, FL 32137			Mailing Address 1 CREEK CT PALM COAST, FL 32137		
2. Principal Place of Business - No P.O. Box # 5182 N. OCEAN SHORE BLVD Suite, Apt. #, etc. STE B City & State PALM COAST, FL Zip 32137 Country USA		3. Mailing Address 5182 N. OCEAN SHORE BLVD Suite, Apt. #, etc. STE B City & State PALM COAST, FL Zip 32137 Country USA		01062008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 37-1515193				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BRUNS, BRENT 1 CREEK CT PALM COAST, FL 32137	
7. Name and Address of New Registered Agent Name: BRUNS, BRENT Street Address (P.O. Box Number is Not Acceptable): 5182 N. OCEAN SHORE BLVD Suite, Apt. #, etc.: STE B City: PALM COAST FL Zip Code: 32137				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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRENTON DANE BRUNS ONE CREEK COURT PALM COAST, FL 32137	<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	MGRM BRUNS, RICK 1136 S.E. THIRD AVENUE FORT LAUDERDALE, FL 33316	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 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: <u>BRENT BRUNS</u> BRENT BRUNS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date _____ Daytime Phone # _____</small>					