## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Aug 29, 2008 8:00 am Secretary of State 08-29-2008 90048 047 \*\*\*138.75

1. Entity Name DOLPHIN	MENT # L07000042 BAY, LLC	162				08-29-2008	3 90048 04	ł7 ***13	38.75
Principal Place	of Business	Mailing Address			1		50003	9754	
106 LAUREL ONEONTA, AL	LANE	106 LAUREL LANE ONEONTA, AL 35121					9300		
	<del>-</del>				1 10 11 12 11 11 11				141     1 <b>16</b> 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08232008	Chg-LLC	CR2E083	(12/06)		
City & State		City & State		4. FEI Number			<u> </u>	flied For Applicable	
Zip	Country	Zíp	Countr	гу	5. Certificate of	f Status Desired		5.00 Addi e Required	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R	egistered Age	ent _	
É A DDIMIOS	, , , , , , , , , , , , , , , , , , ,	Na		Name					
307 SOUTI	FON, WILLIAM E II H PALAFOX STREET ILA, FL 32502	Street Address (		(P.O. Box Numbe	is Not Acceptable	9)		_	
			-	City	······································		FL	Zip Code	)
8. The above the obligati	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registere	d office or registe	ered agent, or both	n, in the State of Fk	orida. I am fan	niliar with, a	and accept
_									
SIGNATURE .							DATE		
SIGNATURE	Signature, typed or punted name of repotered agent a	and their spolicable. (NO	TE: Registered	Agent signature requir	ed when reinstating)		DATE		
FILE	Signature, typed or pursed name of reportered agents  E NOWIII FEE IS \$138.75 by September 12, 2008	In accordance with liability company di	s. 607.19	93(2)(b), F.S., t	the limited	Mak			•
FILE	NOW!!! FEE IS \$138.75	In accordance with liability company di	s. 607.19	93(2)(b), F.S., t	the limited	Mak	ke check pay a Departmen		•
FILE Due	E NOWIII FEE IS \$138.75 by September 12, 2008 MANAGING MEMBE MGR	In accordance with liability company di	s. 607.19 id not reco	93(2)(b), F.S., t eive the prior n	the limited	Mak Florida	ke check pay a Departmen		Addition
FILE Due	MANAGING MEMBE MGR HOOD, JONATHAN 106 LAUREL LANE	In accordance with liability company di	10.	93(2)(b), F.S., t eive the prior n	the limited	Mak Florida	ke check pay a Departmen	nt of State	
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Indicated on this report is true and accounts and that my signature shall have the same legal effect as if made under outh; that I am a managing member or manager of the limited liability company or the edginer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE