


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # 196000000798</b>  DOLPHIN '6', LLC 4737 DOLPHIN CAY LANE SOUTH UNIT 309 ST. PETERSBURG FL 33711		1a. Principal Place of Business Address  4737 DOLPHIN CAY LANE SOUTH UNIT 309 ST. PETERSBURG FL 33711 <i>MWB</i>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business <b>SAME</b> Suite, Apt. #, etc.  City & State  Zip                      Country		2a. Mailing Address Suite, Apt. #, etc.  City & State  Zip                      Country	
3. Date Organized or Qualified 07/29/1996		3a. State of Formation FL	
4. FEI Number <b>59-3408623</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  ALLAN, FRED 4737 DOLPHIN CAY LANE SOUTH UNIT 309 ST. PETERSBURG FL 33711		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200002125272-9 Suite, Apt. #, etc. 03/26/97-01125-013 ***203.75    ***203.75 City                      Zip Code <b>FL</b>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	SPRAGUE, BILL	4737 DOLPHIN CAY LANE SOUT	ST. PETERSBURG FL
MEM	ALLAN, FRED	4737 DOLPHIN CAY LANE SOUT	ST. PETERSBURG FL
MEM	POHLIG, HARRY	4737 DOLPHIN CAY LANE SOUT	ST. PETERSBURG FL
MEM	LAMBERT, JOE	4737 DOLPHIN CAY LANE SOUT	ST. PETERSBURG FL
MEM	QUIMBEY, RAY	4737 DOLPHIN CAY LANE SOUT	ST. PETERSBURG FL
MEM	STICKNEY, BILL	4737 DOLPHIN CAY LANE SOUT	ST. PETERSBURG FL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i>		Date: 2/6/97	Daytime Phone #: 813-8641036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #

**FILED**  
 97 MAR 24 AM 7:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA