


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000000883

1. Entity Name
DELPHIN-CRYSTAL LAKES, LLC



Principal Place of Business
**10800 SIKES PLACE, STE 300
 CHARLOTTE, NC 28277**

Mailing Address
**10800 SIKES PLACE, STE 300
 CHARLOTTE, NC 28277**

DO NOT WRITE IN THIS SPACE



03262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2113426 Applied For
 Not Applicable

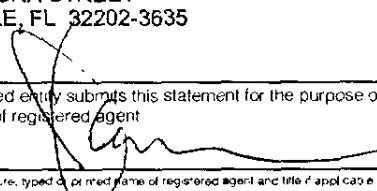
5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GREENHUT, STEVEN B
 3300 BARNETT BANK CTR
 50 NORTH LAURA STREET
 JACKSONVILLE, FL 32202-3635**

DO NOT WRITE IN THIS SPACE

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:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

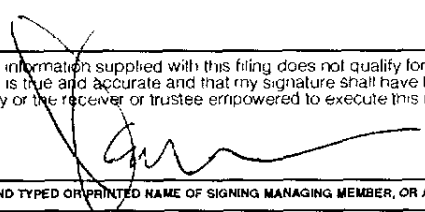
00000010071
 04/12/04-30035-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FERRO, JAMES P 10800 SIKES PLACE, STE 300 CHARLOTTE, NC
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11. I 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 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:  DATE: _____ DAYTIME PHONE #: _____

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