


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90031 023 ****55.00

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1. Entity Name
DOLPHIN PLAZA OF NAPLES, LLC



Principal Place of Business
**2375 TAMiami TRAIL NORTH STE. 208C
 NAPLES, FL 34103**


Mailing Address
**C/O CRIFLOSI ENTERPRISES, INC
 2375 TAMiami TRAIL NORTH STE. 208C
 NAPLES, FL 34103**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
C/O Criflosi Enterprises, Inc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country



03282006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1261481

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CRIFLOSI ENTERPRISES, INC.
 2375 TAMiami TRAIL NORTH STE. 208C
 NAPLES, FL 34103**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	CRIFLOSI ENTERPRISES, INC	2375 TAMiami TRAIL NORTH STE. 208C	NAPLES, FL 34103	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	Criflosi Enterprises, Inc.	2375 Tamiami Trail North, Ste. 208-C	NAPLES, FLORIDA 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Criflosi Enterprises, Inc.*

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

3/16/06 **239-594-7000**
Date Daytime Phone #