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$50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L00000003304

JUN 15 PM 1:18

1. Entity Name
DOLPHIN PLAZA, L.C.

30010529

Principal Place of Business	Mailing Address
419 W. 49TH ST., #106 HIALEAH, FL 33012	419 W. 49TH ST., #106 HIALEAH, FL 33012

03192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
419 WEST 49TH ST.	419 WEST 49TH ST
Suite, Apt. #, etc. # 105	Suite, Apt. #, etc. # 105
City & State HIALEAH, FL.	City & State HIALEAH, FL.
Zip / Country 33012 / U.S.A.	Zip / Country 33012 / U.S.A.

4. FEI Number
65-1002165
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
7155 NW 2ND CT., LC 419 W 49TH ST., #105 HIALEAH, FL 33012	Name: REAL PROPERTY CARE, INC. Street Address (P.O. Box Number is Not Acceptable) 419 WEST 49TH ST # 105 City: HIALEAH FL Zip Code 330

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] MGR 4/9/07
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FISHER, JAMES Q 419 W. 49TH ST., #106 HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR. FISHER, JAMES Q. 419 W 49TH ST. #105 HIALEAH, FL. 33012	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FISHER, RONALD P 419 W. 49TH ST., #106 HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FISHER, RONALD P. 49 W 49TH ST. # 105 HIALEAH, FL. 33012	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FISHER, RICHARD 419 W. 49TH ST., #106 HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FISHER, RICHARD 419 W 49TH ST # 105 HIALEAH, FL. 33012	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #