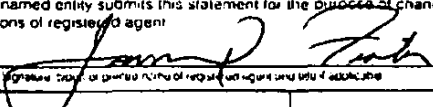
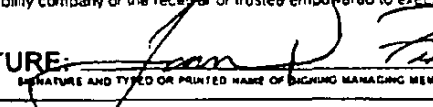


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\$50.00

**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.					
Principal Place of Business 419 W. 49TH ST., #106 HIALEAH, FL 33012		Mailing Address 419 W. 49TH ST., #106 HIALEAH, FL 33012			
2. Principal Place of Business - No P.O. Box # 419 WEST 49TH ST.		3. Mailing Address 419 WEST 49TH ST			
Suite, Apt. #, etc. # 105		Suite, Apt. #, etc. # 105		03192007 Chg-LLC CR2E083 (12/06)	
City & State HIALEAH, FL.		City & State HIALEAH, FL.		4. FEI Number 65-1002165	
Zip 33012		Country U.S.A.		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent 7155 NW 2ND CT., LC 419 W 49TH ST., #106 HIALEAH, FL 33012				7. Name and Address of New Registered Agent REAL PROPERTY CARE, INC. Street Address (P.O. Box Number is Not Acceptable) 419 WEST 49TH ST # 105 City HIALEAH FL Zip Code 33012	
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  MGR 4/9/07 (Signature of owner, or person in charge of registered agent, and both if applicable) (NOTE: Registered Agent signature required when remaining) 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 ☐ Add
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. 419 W 49TH ST. # 105 HIALEAH, FL. 33012	☒ Change ☐ Add
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 ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Add
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  MGR 4/9/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					