

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000016992

1. Entity Name
DOLPHIN AMUSEMENT ENTERPRISES, L.L.C.



Principal Place of Business
**7725 NW 146 ST
MIAMI LAKES, FL 33016**

Mailing Address
**7725 NW 146 ST
MIAMI LAKES, FL 33016**



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0616199

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRODIE, SIDNEY Z
7270 NW 12TH STREET
PH-1
MIAMI, FL 33126**

**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 _____

Signature typed 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, 2004**

U00000144040
04/30/04-80114-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM RODRIGUEZ, ROLANDO 3957 SW 156TH COURT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM RODRIGUEZ, ROLANDO J 3957 SW 156TH COURT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM RODRIGUEZ, JORGE 3957 SW 156TH COURT MIAMI, FL 33185
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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #