

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90283 038 ****50.00

DOCUMENT # L02000007184

1. Entity Name

DOLPHIN BAY PROPERTY MANAGEMENT, LLC



Principal Place of Business

Mailing Address

1099 SOUTH OCEAN BLVD., NO. 203S
BOCA RATON FL 33432

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BOCA RATON FL 33432

24014313



MOORE CR2E083 (11/03)

2. Principal Place of Business

1099 S. OCEAN BLVD

Suite, Apt. #, etc.

203 SOUTH

City & State

BOCA RATON, FLA

Zip

33432

Country

PALM BEACH

3. Mailing Address

1099 S. OCEAN BLVD

Suite, Apt. #, etc.

203 S.

City & State

BOCA RATON, FL

Zip

33432

Country

PALM BEACH

4. FEI Number

77-0592379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BODZIN, MARTIN I
621 NORTHWEST 53RD STREET, ONE PARK PLACE
BOCA RATON FL 33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DUNLEA, JUNE**
STREET ADDRESS **1099 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **MGR** ☐ Delete
NAME **LAURICELLA, BARBARA**
STREET ADDRESS **1099 S. OCEAN BLVD.**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

JUNE DUNLEA

541
2/18/2004
706-554-755

Date

Daytime Phone #