

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90041 017 \*\*\*\*50.00

**DOCUMENT # L02000012319**

1. Entity Name

DOLPHIN CAPITAL VENTURES, LLC



Principal Place of Business

1939-59 GLADES DRIVE  
NORTH MIAMI BEACH FL 33162

Mailing Address

1861 NORTH FEDERAL HIGHWAY, # 155  
HOLLYWOOD FL 33020



2. Principal Place of Business

308 PIERCE ST.

Suite, Apt. #, etc.

3. Mailing Address

1861 N. FEDERAL HWY

Suite, Apt. #, etc.

# 120

1st MOORE

CR2E083 (10/05)

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

02-0603678

Applied For

Not Applicable

Zip

33019

Country

Zip

33020

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PASSALACQUA, FABRIZIO  
1861 N. FEDERAL HIGHWAY, # 155  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name PASSALACQUA, FABRIZIO

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

1861 N. FEDERAL HWY # 120

City Hollywood

FL

Zip Code 33020

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 (not applicable)

(NOTE: Registered Agent Signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME PASSALACQUA, LODOVICO  
STREET ADDRESS 500 KOERPER COURT  
CITY-ST-ZIP WILMETTE IL 60603

TITLE MGR ☐ Delete  
NAME PASSALACQUA, GLORIA  
STREET ADDRESS 500 KOERPER COURT  
CITY-ST-ZIP WILMETTE IL 60603

TITLE MGR ☐ Delete  
NAME PASSALACQUA, ANGELA  
STREET ADDRESS 500 KOERPER COURT  
CITY-ST-ZIP WILMETTE IL 60603

TITLE MGR ☐ Delete  
NAME PASSALACQUA, FABRIZIO  
STREET ADDRESS 1861 N. FEDERAL HIGHWAY, SUITE 155  
CITY-ST-ZIP HOLLYWOOD FL 33020

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/06

954-924-0400

Date

Daytime Phone #