

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012319

FILED
May 11, 2009
Secretary of State

Entity Name: DOLPHIN CAPITAL VENTURES, LLC

Current Principal Place of Business:

308 PIERCE ST
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

1861 NORTH FEDERAL HIGHWAY, # 120
HOLLYWOOD, FL 33020

New Mailing Address:

P. O. BOX 1786
MELROSE, FL 32666

FEI Number: 02-0603678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PASSALACQUA, FABRIZIO
1861 N. FEDERAL HIGHWAY, # 120
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

PASSALACQUA, FABRIZIO
771 N SR21
MELROSE, FL 32666 US

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.

SIGNATURE:

05/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PASSALACQUA, LODOVICO
Address: 500 KOERPER COURT
City-St-Zip: WILMETTE, IL 60603

Title: MGR () Delete
Name: PASSALACQUA, GLORIA
Address: 500 KOERPER COURT
City-St-Zip: WILMETTE, IL 60603

Title: MGR () Delete
Name: PASSALACQUA, ANGELA
Address: 500 KOERPER COURT
City-St-Zip: WILMETTE, IL 60603

Title: MGR () Delete
Name: PASSALACQUA, FABRIZIO
Address: 1861 N. FEDERAL HIGHWAY, SUITE 155
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: PASSALACQUA, ANGELO
Address: 500 KOERPER COURT
City-St-Zip: WILMETTE, IL 60603

Title: MGR (X) Change () Addition
Name: PASSALACQUA, FABRIZIO
Address: P. O. BOX 1786 - 771 N SR21
City-St-Zip: MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FABRIZIO PASSALACQUA

MGR

05/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date