2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
3/12/2003 00011-016-$50.00-$50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000012319

1. Entity Name
DOLPHIN CAPITAL VENTURES, LLC

Principal Place of Business	Mailing Address
1035 PAPAYA STREET HOLLYWOOD FL 33009	1035 PAPAYA STREET HOLLYWOOD FL 33009

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1939-59 GLADES DR	1861 N. FED. HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 155
City & State NORTH MIA BEACH FL	City & State HollyWood FL
Zip 33162	Country DADE
Zip 33020	Country BROWARD

4. FEI Number
02-0603678
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NELSON, THEODORE R ESQ. 1111 KANE CONCOURSE SUITE 200 BAY HARBOR ISLAND FL 33154	Name: FABRIZIO PASSALACQUA Street Address (P.O. Box Number is Not Acceptable): 1861 N. FED. HWY STE 155 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: Fabrizio Passalacqua 1/10/2003
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, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LODOVICO PASSALACQUA MEMBER 500 KOERPER CT WILLMETTE IL 60603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LODOVICO PASSALACQUA MANAGING MEMBER 500 KOERPER CT WILLMETTE IL 60603	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER GLORIA PASSALACQUA 500 KOERPER CT WILLMETTE IL 60603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GLORIA PASSALACQUA MANAGER 500 KOERPER CT WILLMETTE IL 60603	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER ANGELO PASSALACQUA 500 KOERPER CT WILLMETTE IL. 60603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANGELO PASSALACQUA 500 KOERPER CT MANAGER WILLMETTE IL. 60603	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER FABRIZIO PASSALACQUA 1861 N. FED. HWY STE 155 HollyWood FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FABRIZIO PASSALACQUA 1861 N. FED. HWY STE 155 HollyWood FL 33020 MANAGER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: FABRIZIO PASSALACQUA Fabrizio Passalacqua 1/18/2003 954-9240400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #