

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Feb 07, 2007  
Secretary of State**

DOCUMENT# L03000007080

Entity Name: DOLPHIN CENTER, L.L.C.

**Current Principal Place of Business:**

13964 WEST HILLSBOROGUH AVENUE  
TAMPA, FL 33635

**New Principal Place of Business:**

13966 WEST HILLSBOROGUH AVENUE  
TAMPA, FL 33635

**Current Mailing Address:**

13964 WEST HILLSBOROGUH AVENUE  
TAMPA, FL 33635

**New Mailing Address:**

13966 WEST HILLSBOROGUH AVENUE  
TAMPA, FL 33635

FEI Number: 25-1903770      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FARHADI, ADELINA  
13964 W. HILLSBOROUGH AVE.  
TAMPA, FL 336359656 US

**Name and Address of New Registered Agent:**

FARHADI, MATT M  
13966 W. HILLSBOROUGH AVE.  
TAMPA, FL 336359656 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: MATT M. FARHADI      02/07/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FARHADI, ADELINA  
Address: 13964 WEST HILLSBOROGUH AVENUE  
City-St-Zip: TAMPA, FL 33635

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: FARHADI, MATT M  
Address: 13966 WEST HILLSBOROGUH AVENUE  
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the 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: MATT M. FARHADI      MGR      02/07/2007  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date