

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90026 026 ****50.00

40074001



03012006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000008583 1. Entity Name DOLPHIN LANES, LLC					
Principal Place of Business P.O. BOX 24903 FORT LAUDERDALE, FL 33307 US			Mailing Address 2010 NORTHEAST 7TH AVENUE SUITE 2 DANIA, FL 33004 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 24903 Suite, Apt. #, etc.		4. FEI Number 02-0682081 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State Ft. Lauderdale, FL			
Zip 33307	Country USA	City & State Ft. Lauderdale, FL			
6. Name and Address of Current Registered Agent VITOLO, CHRISTINE 1239 N.E. 8TH AVE FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1210 N.E. 8th Avenue City Fort Lauderdale, FL Zip Code 33304			
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 <u><i>Christine Vitolo</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-25-06</u>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VITOLO, CHRISTINE 1239 N.E. 8TH AVE FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1210 N.E. 8th Avenue Fort Lauderdale, FL 33304		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VITOLO, DENNIS 1239 N.E. 8TH AVE FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1210 N.E. 8th Avenue Fort Lauderdale, FL 33304		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Christine Vitolo</i></u> CHRISTINE VITOLO <u>4-25-06 954-763-5488</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					