


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000016754</b> 1. Entity Name <b>DOS DELFINES, LLC</b>	
--	---

Principal Place of Business <b>18711 LAKESHORE DRIVE LUTZ, FL 33549</b>	Mailing Address <b>18711 LAKESHORE DRIVE LUTZ, FL 33549</b>
--	--



04212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-3090352</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>CONTE, ANNE C 18711 LAKESHORE DRIVE LUTZ, FL 33549</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONTE, ANNE C 18711 LAKESHORE DRIVE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CONTE, AUGUSTO A 18711 LAKESHORE DRIVE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>UN0000329289 04/25/05-80114-005 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

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:** *AC Conte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/21/05* *681-5375* <sup>813</sup>

Date

Daytime Phone #