2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016754

1. Entity Name
DOS DELFINES, LLC



FILED
May 07, 2007 08:00 A
Secretary of State

Principal Place of Business

18711 LAKESHORE DRIVE LUTZ, FL 33549 Mailing Address

18711 LAKESHORE DRIVE LUTZ, FL 33549



04192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			Applied For
74-3090352			Not Applicable
5. Certificate of Status Desired	\$5.0	-	Additional

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MANAGING MEMBERS/MANAGERS

6. Name and Address of Current Registered Agent

CONTE, ANNE C 18711 LAKESHORE DRIVE LUTZ, FL 33549

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	 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. the obligations of registered agent. 	I am familiar with, and accept
SI	IGNATURE	

Filing Fee is \$50.00 Due by May 1, 2007

9.

TITLE	MGRM			
NAME	CONTE, ANNE C			
STREET ADDRESS	18711 LAKESHORE DRIVE			
CITY-ST-ZIP	LUTZ, FL 33549			
TITLE NAME	MGRM CONTE. AUGUSTO A			
STREET ADDRESS	18711 LAKESHORE DRIVE			
CITY-ST-ZIP	LUTZ, FL 33549			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the				

U00000762445 05/29/07-80005-017-50.00

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11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

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

5-1-07

813-545-8793

te

Daytime Phone #