

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055339

FILED
May 01, 2004
Secretary of State

Entity Name: DOLPHIN LAUNDRY LLC

Current Principal Place of Business:

5440 N. STATE ROAD 7, SUITE 218
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

5440 N. STATE ROAD 7, SUITE 218
FORT LAUDERDALE, FL 33319

New Mailing Address:

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

Name and Address of Current Registered Agent:

MACINTER CORPORATION
5440 N. STATE ROAD 7, SUITE 218
FORT LAUDERDALE, FL 33319

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JIANG SUN, GUANG
Address: 5440 N. STATE ROAD 7, SUITE 218
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGR () Delete
Name: JIANG SHUN, HUA
Address: 5440 N. STATE ROAD 7, SUITE 218
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGR () Delete
Name: JIAN SHUN, MEI
Address: 5440 N. STATE ROAD 7, SUITE 218
City-St-Zip: FORT LAUDERDALE, FL 33319

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JIANG SUN GUANG

MGR

05/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date