

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004645

**FILED**  
**Mar 16, 2005**  
**Secretary of State**

**Entity Name:** DOLPHIN OFFICE DESIGN, LLC

**Current Principal Place of Business:**

555 S FEDERAL HWY, STE 200  
BOCA RATON, FL 33432

**New Principal Place of Business:**

608 2ND KEY DRIVE  
FORT LAUDERDALE, FL 33304 US

**Current Mailing Address:**

555 S FEDERAL HWY, STE 200  
BOCA RATON, FL 33432

**New Mailing Address:**

608 2ND KEY DRIVE  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 73-1694146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVE, 28TH FLOOR  
MIAMI, FL 33131 US

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

AMERICAN INFORMATION SERVICES, INC.  
LAS OLAS CENTRE II, SUITE 1600  
350 E. LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301 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:** DIANA M. GUERRA, ASSISTANT SECRETARY

03/16/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: CHOQUETTE, ROGER  
Address: 608 2ND KEY DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: MGRM ( ) Change (X) Addition  
Name: HARLOW, PHILLIP  
Address: 608 2ND KEY DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

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:** ROGER CHOQUETTE

MGRM

03/16/2005

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