

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


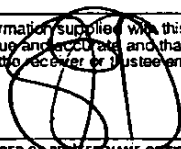
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Mar 15, 2005 8:00 am
Secretary of State

02-02-2005 90155 030 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000038377 1. Entity Name DOLPHIN MANAGEMENT LLC			
Principal Place of Business 4444 SW 71 AVENUE SUITE 101B MIAMI FL 33155		Mailing Address 4444 SW 71 AVENUE SUITE 101B MIAMI FL 33155	
2. Principal Place of Business Suite, Apt. #, etc. 101A		3. Mailing Address Suite, Apt. #, etc. 101A	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2425891		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent VEITIA, AGUSTIN 4444 SW 71 AVENUE SUITE 101B MIAMI FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature typed or printed names of registered agents and title if applicable (NOTE: Registered Agent's signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEITIA, AGUSTIN 4444 SW 71 AVENUE, SUITE 101B MIAMI FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PADRON, ROBERTO 4444 SW 71 AVENUE, SUITE 101B MIAMI FL 33155	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
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 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: 		Date: 1/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 305-669-8575	