2005 LIMITED LIABILITY COMPANY

Feb 02, 2005 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L04000045087 02-02-2005 90154 016 ****55.00 1. Entity Name DOLPHIN PLAZA OF NAPLES, LLC Mailing Address & CAFAS Entrum Principal Place of Business 20006324 2375 TAMIAMI TRAIL NORTH STE, 2080 2375 TAMIAMI TRAIL NORTH STE. 2080 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRIFASI ENTERPRISES, INC. 2375 TAMIAMI TRAIL NORTH STE. 208C Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34103 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CRIPUSI ENTERPRISES FAC NAME 2375 TAMIAMITEML MESE Suik Jose NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(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 epoch is required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED