

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90031 023 ****55.00

DOCUMENT # L04000045087

1. Entity Name
DOLPHIN PLAZA OF NAPLES, LLC



Principal Place of Business
**2375 TAMiami TRAIL NORTH STE. 208C
NAPLES, FL 34103**

Mailing Address
**C/O CRIFLOSI ENTERPRISES, INC
2375 TAMiami TRAIL NORTH STE. 208C
NAPLES, FL 34103**

2. Principal Place of Business

3. Mailing Address
C/O Criflasi Enterprises, Inc.



03282006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-1261481

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRIFLOSI ENTERPRISES, INC.
2375 TAMiami TRAIL NORTH STE. 208C
NAPLES, FL 34103**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **CRIFLOSI ENTERPRISES, INC**
STREET ADDRESS **2375 TAMiami TRAIL NORTH STE. 208C**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Criflasi Enterprises, Inc.**
STREET ADDRESS **2375 Tamiami Trail North, Ste. 208-C**
CITY-ST-ZIP **NAPLES, FLORIDA 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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 or 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/16/06 239-594-7000
Date Daytime Phone #