

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045087

FILED
Mar 11, 2009
Secretary of State

Entity Name: DOLPHIN PLAZA OF NAPLES, LLC

Current Principal Place of Business:

2375 TAMiami TRAIL NORTH STE. 208C
NAPLES, FL 34103

New Principal Place of Business:

14700 TAMiami TRAIL NORTH
SUITE 8
NAPLES, FL 34110 US

Current Mailing Address:

C/O CRIFASI ENTERPRISES, INC.
2375 TAMiami TRAIL NORTH STE. 208C
NAPLES, FL 34103

New Mailing Address:

C/O CRIFASI ENTERPRISES, INC.
14700 TAMiami TRAIL NORTH SUITE 8
NAPLES, FL 34110 US

FEI Number: 20-1261481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRIFASI ENTERPRISES, INC.
2375 TAMiami TRAIL NORTH STE. 208C
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

CRIFASI ENTERPRISES, INC.
14700 TAMiami TRAIL NORTH
SUITE 8
NAPLES, FL 34110 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:

03/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRIFASI ENTERPRISES, INC.
Address: 2375 TAMiami TRAIL NORTH STE. 208C
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRIFASI ENTERPRISES, INC.
Address: 14700 TAMiami TRAIL NORTH STE. 8
City-St-Zip: NAPLES, FL 34110 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JACK CRIFASI

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03/11/2009

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