
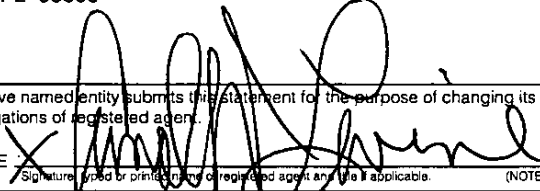
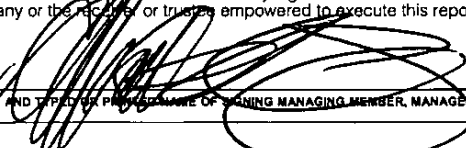


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90014 011 ***138.75

DOCUMENT # L04000072465					
1. Entity Name CHASE-DOLPHIN, LLC					
Principal Place of Business 4150 NORTH ARMENIA AVE., SUITE 100 TAMPA, FL 33607			Mailing Address 4150 NORTH ARMENIA AVE., SUITE 100 TAMPA, FL 33607		
2. Principal Place of Business - No P.O. Box # 3318 S. West Shore Blvd Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Tampa FL			City & State		
Zip 33629		Country US		Zip 33629	
Country US		4. FEI Number 20-1954774			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LANGFORD, E C ESQ. 1715 WEST CLEVELAND STREET TAMPA, FL 33606			7. Name and Address of New Registered Agent Name: Arnold D. Levine Street Address (P.O. Box Number is Not Acceptable): 100 S. Ashley Dr. Ste 1600 City: Tampa FL Zip Code: 33602		
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:					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVA, MARK A 4150 N ARMENIA AVE, # 100 TAMPA, FL 33607		<input checked="" 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	Clifford D. Fernandez 3318 S. West Shore Blvd Tampa, FL 33629		<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
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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 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 4-15-08 (813) 835-7757		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		