

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-30-2006 90192 041 ****50.00

DOCUMENT # L05000016842

1. Entity Name
DOLPHIN CHASE, LLC



Principal Place of Business
**12001 BACKWATER ROAD
SARASOTA, FL 34240**

Mailing Address
**12001 BACKWATER ROAD
SARASOTA, FL 34240**

2. Principal Place of Business
8213 BLAIE CT
Suite, Apt. #, etc.

3. Mailing Address
8213 BLAIE CT
Suite, Apt. #, etc.



02012006 Chg-LLC CR2E083 (11/05)

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
20-2356187

Applied For
☐ Not Applicable

Zip
34240

Country
USA

Zip
34240

Country
USA

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

6. Name and Address of Current Registered Agent

**BLAIE, MICHAEL B
12001 BACKWATER ROAD
SARASOTA, FL 34240**

7. Name and Address of New Registered Agent

Name
GEORGE J. DRAMIS
Street Address (P.O. Box Number is Not Acceptable)
601 S. OSPREY AVE
City
SARASOTA FL Zip Code
34236

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

Michael B. Blaikie

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when releasing)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MICHAEL B BLAIE MGR ☐ Delete
8213 BLAIE CT
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael B. Blaikie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/06 941-377-4430

Date

Daytime Phone #