

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L05000025307

1. Entity Name
DOLPHIN, L.L.C.



Principal Place of Business
**203 PASS KEY ROAD
SARASOTA, FL 34242**

Mailing Address
**203 PASS KEY ROAD
SARASOTA, FL 34242**



01272008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2494369	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**REED, BRUCE A
203 PASS KEY ROAD
SARASOTA, FL 34242**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000851061
03/25/08-80024-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	REED, BRUCE A TRUSTEE
STREET ADDRESS	203 PASS KEY ROAD
CITY-ST-ZIP	SARASOTA, FL 34242

TITLE	MGRM
NAME	REED, PAGE B TRUSTEE
STREET ADDRESS	203 PASS KEY ROAD
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CITY-ST-ZIP	

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IN THIS SPACE**

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:

Bruce A. Reed, Trustee, MGRM 3/3/08 (813) 361-1223

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

Date

Daytime Phone #