

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000032198

Entity Name: DOLPHINS COVE, LLC

**FILED**  
**Apr 10, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8136 WASHINGTON ST.  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

8136 WASHINGTON ST.  
PORT RICHEY, FL 34668

**New Mailing Address:**

FEI Number: 06-1745925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARLSON, CHUCK  
511 WAYFARER DRIVE  
TARPON SPRINGS, FL 34689 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CARLSON, CHUCK  
Address: 511 WAYFARER DR.  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHUCK CARLSON

MM

04/10/2007

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