

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038575

FILED  
May 14, 2008  
Secretary of State

**Entity Name:** DOLPHIN BELEN DEVELOPMENT, LLC

**Current Principal Place of Business:**

2330 PONCE DE LEON BLVD, STE 203  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

16276NW 20TH STREET  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

16276 NW 20TH STREET  
PEMBROKE PINES, FL 33028

FEI Number: 20-2725798      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVE, STE 900  
MIAMI, FL 33131      US

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

AGI REGISTERED AGENTS, INC.  
1000 BRICKELL AVE, STE 300  
MIAMI, FL 33131      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: ROBERT R. ADAMS

05/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BUSTAMANTE, VICENTE  
Address: 2330 PONCE DE LEON BLVD, STE 203  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR      ( ) Delete  
Name: DIANA VERGARA DE BUS, TAMANTE  
Address: 2330 PONCE DE LEON BLVD, STE 203  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

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

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: VICENTE BUSTAMANTE

MGR

05/14/2008

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