2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L05000057175

Entity Name: DOLPHIN VUE, LLC

Current Principal Place of Business:

12681 ALLENDALE CIRCLE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 60205
C/O ROBERT D. ROYSTON, JR.
FORT MYERS, FL 33906

New Mailing Address:

P.O. DRAWER 60205
C/O JOHN M. WICKER, P.A.
FORT MYERS, FL 33906

FEI Number: 86-1142096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907 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: JOHN M. WICKER, ESQ. 04/25/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MIKULASCHEK, DAURY A
Address: 12681 ALLENDALE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM ( ) Delete
Name: CRAWFORD FRANTZ, JENNIFER
Address: 380 KEENAN AVENUE
City-St-Zip: FORT MYERS, FL 33919

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: DAURY A. MIKULASCHEK MGRM 04/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date