

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000121552

1. Entity Name  
DOLPHIN VILLAGE PARTNERS, LLC



Principal Place of Business  
1600 N. E. MIAMI GARDENS DRIVE  
N. MIAMI BEACH, FL 33179 US

Mailing Address  
1600 N. E. MIAMI GARDENS DRIVE  
N. MIAMI BEACH, FL 33179 US

BK

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
APPLIED FOR 208809265

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00  
Due by May 1, 2007

BK

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
EQUITY ONE, INC.  
1600 N.E. MIAMI GARDENS DRIVE  
N. MIAMI BEACH, FL 33179 ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied in 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:

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

Date

Daytime Phone #

FILED  
07 APR 13 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
300096746272



By: Arthur L. Gallagher, Secretary

305-  
04/12/07 947-1664



CORPORATION SERVICE COMPANY

# L050000121552

ACCOUNT NO. : 072100000032

REFERENCE : 849957 7375564

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 50.00

ORDER DATE : April 13, 2007

ORDER TIME : 10:15 AM

ORDER NO. : 849957-005

CUSTOMER NO: 7375564

ANNUAL REPORT FILING

NAME: DOLPHIN VILLAGE PARTNERS, LLC <sup>BK</sup>

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS: \_\_\_\_\_

**FILED**  
07 APR 13 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
07 APR 13 PM 10:50  
OFFICE OF THE  
TALLAHASSEE, FLORIDA