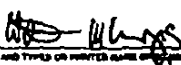


4/28/2008

FILED
Aug 12, 2008 8:00 am
Secretary of State

04-28-2008 90040 004 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L07000061856			
1. Entity Name BULL DOLPHIN DUNWOODIE OF ORLANDO LLC			
Principal Place of Business 1700 NW 66TH AVENUE, SUITE 102 PLANTATION, FL 33313		Mailing Address 1700 NW 66TH AVENUE, SUITE 102 PLANTATION, FL 33313	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Subst. Apt. #, etc.		Subst. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 E. LAS OLAS BLVD., SUITE 1000 FT. LAUDERDALE, FL 33301		5. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	
6. 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, hand or printed name of registered agent and filer (if filer is not the registered agent) (PRINT). Registered agent signature required when withdrawing. Date: _____			
FILE NOW!! FEB IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
A. MANAGING MEMBERS/MANAGERS		B. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☒ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Add
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:  William M. Murphy		Date: 3/4/08 (954) 746-2221	

Managing Member
 Manager
 Manager