

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107343

Entity Name: DOLPHIN ENORO LLC

FILED  
Aug 29, 2008  
Secretary of State

## Current Principal Place of Business:

86 MAIN STREET  
2ND FLOOR  
YONKERS, NY 107012738 US

## New Principal Place of Business:

## Current Mailing Address:

86 MAIN STREET  
2ND FLOOR  
YONKERS, NY 107012738 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

GRABINSKI, MATTHEW  
4001 TAMIAMI TRAIL N.  
#300  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

ROBERT, KOHN  
12773 WEST FOREST HILL BLVD  
STE 204  
WELLINGTON, FL 34114 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 KOHN

08/29/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: EARL, HEADLEY  
Address: 86 MAIN STREET, STE. 201  
City-St-Zip: YONKERS, NY 10701

Title: MGR ( ) Change (X) Addition  
Name: EMILIA, NUCCIO  
Address: 2 PURITAN WOODS ROAD  
City-St-Zip: RYE, NY 10580

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: EMILIA NUCCIO

MGR

08/29/2008

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