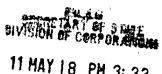
LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # LIDODOIDI917 DOLPHIN 16G LLC



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DO NOT WRITE IN THIS SPACE 11 MAY 18 PH 3: 33 2. Principal Place of Business - No P.O. Box # 3. Mailing Address į ! CR2E083B (1/11) Mr Wendell S Anderson 35 Watergate Dr Ste 606 4. FEI Number pplied For Sarasota FL 34236-3500 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent 6. Name DO NOT WRITE Mr Wendell S Anderson IN THIS SPACE 35 Watergate Dr Ste 606 Sarasota FL 34236-3500 City

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. Maura

SIGNATURE Signat January 1 - May 1 Fee is \$138.75

E-mail Address:

After May 1, Fee is \$538.75 Amended AR is \$50.00

To be used for future annual report notices

Make Ci	heck Payable to Florida Department of State	
9.	MANAGING MEMBERS/MANAGERS	10.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CROSS STREET LORAIRATE SERVICE 200 SOUTH ORANGE AVE SARASOTA FL 24236 USA	'5 LLC
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DATE

DO NOT WRITE IN THIS SPACE

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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third deliree felony as provided for in s.817,155, 56.

Daytime Phone