File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR - 4 AM 10: 27 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETALY OF SHELL Name and Malling Address of Limited Liability Company
 DOCUMENT # L95000000912 TALLAHASSEE, FLORIDA 1s. Principal Place of Business Address DOLPHINS' DELIGHT, L.C. 1420 BAYSHORE BLVD. 1420 BAYSHORE BLVD. DUNEDIN FL 34698 DUNEDIN FL 34698 2. Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified | 3a. State of Formation 11/22/1995 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3344295 5. Date of Last Report 6. Certificate of Status Desired Zin Country Ζίρ Country dt 75 Adddional Fee Hequired 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name SEZIONALE-BASILICATO, EDOUARD Street Address (P.O. Box Number is Not Acceptable) 1420 BAYSHORE BLVD. DUNEDIN FL 34698 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR SEZIONALE-BASILICATO, 324 BUTTONWOOD LANE LARGO FL 300002453063----03/10/98--01097--013 ****188.75 ****188.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE: