File on or before May 1, 1998 or Limited Liability Company will be subject ເປັດ \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY -6 AM 8: 52 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Llability Company **DOCUMENT #** L97000000502 1a. Principal Place of Business Address TWIN DOLPHIN ENTERPRISES, L.C. 1111 3RD AVENUE WEST SUITE 2 1111 3RD AVENUE WEST SUITE 200 BRADENTON FL 34205 BRADENTON FL 34205 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 1111 3rd Avenue West 1200 ist 05/08/1997 Suite, Apt. #, etc. Applied For Suik 200 City & State City & State 65-0755510 Not Applicable Bradentoh 5. Date of Last Report 6. Certificate of Status Desired Country \$8.75 Additional Fee Required <u>342.05</u> Manatee nanatee 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name MILLER, HEWITT DANIEL Street Address (P.O. Box Number is Not Acceptable) 1111 3RD AVENUE WEST SUITE 200 <u>400002516314--4</u> -05/07/98--01127--010 BRADENTON FL 34205 Suite, Apt. #, etc. ****188.75 ****188.75 Zip Code City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named fimited 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 DATE 2-26-9 & SIGNATURE Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code 10. Tille Maraging Members/Managers MGR MILLERS' PIER CORPOR, 1111 3RD AVENUE WEST SUITE BRADENTON FL 11. Ido 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 gruptee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

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

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attachment with an address.

SIGNATURE: