√06 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

OCUMENT # L97000000502

. Entity Name
TWIN DOLPHIN ENTERPRISES, L.C.



Principal Place of Business

Mailing Address

| SUITE 200 BRADENTON, FL 3420 | 5 | SUITE 200 BRADENTON, FL 34205 | | | | | | |
|---------------------------------|---------|----------------------------------|---------|--|--|--|--|--|
| 2. Principal Place of Busi | ness | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | |
| City & State | | City & State | | | | | | |
| Zip | Country | Zip | Country | | | | | |

FILED Apr 13, 2006 8:00 am Secretary of State

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| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 0109 | 92006 | Chg- | LLC | | CR2E | 083 (1 | 1/05) | | | |
| City & State | | City & State | | | | 1 Numb | per 55510 | | | | | \vdash | olied For Applicable | | |
| Zip | | Country | Zip | Country | | | | | ate of Status Desired | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Na | me an | d Address | of New | Reg | stered | Agent | 1 | | |
| MILLER, H | | | | | Name Street Add | drace (E | 2 O Bo | v Numb | nor ie Not | Accontab | ulo) | | | | |
| 1001 3RD AVE. W., STE. 350 BRADENTON, FL 34205 | | | | 13 | | Tst | ×Ϋ́ | îe. | per is Not / | Suit | t'e | 200 | <u> </u> | | |
| | | | | | City | | | | | | | FL | _ Z | ip Code |) |
| | | y submits this statement fo tered agent. | or the purpose of changing its | registere | ed office or r | egistere | ed age | nt, or b | oth, in the | State of F | lorid | a. Lam | famili | ar with, | and accept |
| SIGNATURE . | Signature, typed | or printed name of registered agent | and title if applicable. (NOTE | : Registera | id Agent eigneture | e required | when rein | stating) | | | | DATE | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | | | heck (epartn | | ele to of State |) | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | | | | | | | | | | | |
| 9. | | MANAGING MEMBI | ERS/MANAGERS | 10. | γ | | | | ΑI | DDITIONS | S/CI | IANGE | S | | |
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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:

HOGH MILLER ES NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Z-16-06

(941)748-3433 Daytime Phone #