

2000 UNIFORM BUSINESS REPORT (UBR)

NO. 0577 APPROVED AND FILED

DOCUMENT # **L99000004555**

1. Entity Name

Dolphin Vacation Homes, LLC

00 JUN 28 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700003317337--1

-07/10/00--01020--023

*****50.00 *****50.00

| | |
|-----------------------------|-----------------|
| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------|

| | |
|---|--------------------|
| 2. Principal Place of Business 222 Cherrywood Gardens Dr. | 3. Mailing Address |
|---|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|---|--------------|
| City & State Maitland, FL 32751 | City & State |
|---|--------------|

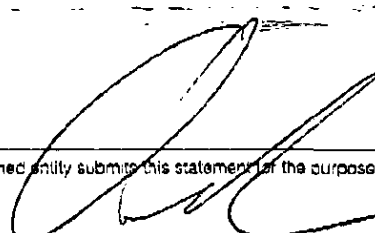
| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|------------------------------------|---------------------------------|
| 4. FEI Number 59-3590998 | Applied For (Not Applicable) |
|------------------------------------|---------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent



7. Name and Address of New Registered Agent

Name: **David S. Cohen, Esquire**

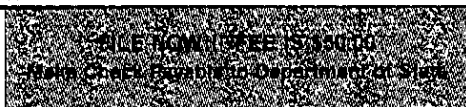
Street Address (P.O. Box Number is Not Acceptable): **2345 Sand Lake Road Suite 120**

City: **Orlando** FL Zip Code: **32809**

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.

SIGNATURE:  **DAVID COHEN** DATE: **4-21-00**

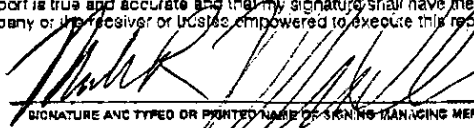
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)



| 9. MANAGING MEMBERS/MEMBERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/Member Mark Manella 4 Tilden Lane Utica, NY 13501 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member Mark Ingalls 222 Cherrywood Garden Drive Maitland, FL 32751 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(c), 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 805, Florida Statutes.

SIGNATURE:  **MARK MANELLA**

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

CPY0003 11/15/01