

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004555

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entry Name

Dolphin Vacation Homes, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business
4 Tilden Lane

3. Mailing Address
4 Tilden Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State
Utica, NY

City & State
Utica, NY

4. FEI Number 59-3590998

Applied For
Not Applicable

Zip 13501

Country USA

Zip 13501

Country USA

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

David S. Cohen
2345 Sand Lake Road
Suite 120
Orlando, FL 32809

Name David S. Cohen

Street Address (P.O. Box Number is Not Acceptable)

5728 Major Blvd, Suite 550

City Orlando

FL

Zip Code 32819

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

David S. Cohen

(NOTE: Registered Agent signature required when reappointing)

April 23, 2001

DATE

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Member Mark Manella 4 Tilden Road Utica, NY 13501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Mark Manella MGRM 4 Tilden Road Utica, NY 13501 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Mark Incalls 222 Cherrywood Garden Drive Maitland, FL 32751 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004194 -05/10/01--0115--010 *****50.00 *****50.00 <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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(3)(1), 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 of the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-23-01 915-795-9266
Date Daytime Phone # ext 268