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**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90118 036 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P31003**

1. Corporation Name

**DOLPHIN VILLAGE HOLDINGS, INC.**

Principal Place of Business

Mailing Address

C/O GENERAL ELECTRIC REAL ESTATE INV. CO.  
1299 PENNSYLVANIA AVENUE N.W. SUITE 1150  
WASHINGTON DC 20004  
US

C/O MORRISON 7 FOERSTER LLP  
2000 PENNSYLVANIA AVENUE. NW. SUITE 5500  
WASHINGTON DC 20006  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/20/1990**

4. FEI Number

**52-1699395**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **XX**

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21** c/o General Electric Real  
Estate Investment Co.

**26** c/o Morrison & Foerster LLP

Suite, Apt. #, etc.  
**22** 1299 Pennsylvania Ave., NW  
Suite 1150 East

Suite, Apt. #, etc.  
**27** 2000 Pennsylvania Ave., NW  
Suite 5500

City & State

City & State

**23** Washington, DC

**28** Washington, DC

Zip Country

**24** 20004 **25** US

Zip Country

**29** 20006 **30** US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PC** ☐ DELETE  
NAME **PFEIFFER, ROBERT E**  
STREET ADDRESS **260 LONG RIDGE ROAD**  
CITY-ST-ZIP **STAMFORD CT 06927**

1.1 TITLE

**D/P/C**

☒ Change ☐ Addition

TITLE **V** ☒ DELETE  
NAME **CARTER, J. DODGE**  
STREET ADDRESS **16479 DALLAS PARKWAY, STE 400**  
CITY-ST-ZIP **DALLAS TX 75248**

2.1 TITLE

**D/V**

☐ Change ☒ Addition

TITLE **V** ☐ DELETE  
NAME **ELSENER, M. JOE**  
STREET ADDRESS **16479 DALLAS PARKWAY, STE 400**  
CITY-ST-ZIP **DALLAS TX 75248**

3.1 TITLE

**Addison, TX 75001-2512**

☒ Change ☐ Addition

TITLE **V** ☐ DELETE  
NAME **HUDSPETH, MICHAEL**  
STREET ADDRESS **16479 DALLAS PARKWAY, STE 400**  
CITY-ST-ZIP **DALLAS TX 75248**

4.1 TITLE

**Addison, TX 75001-2512**

☒ Change ☐ Addition

TITLE **V** ☒ DELETE  
NAME **RIGGS, ROBERT**  
STREET ADDRESS **16479 DALLAS PARKWAY, STE 400**  
CITY-ST-ZIP **DALLAS TX 75248**

5.1 TITLE

**V/T**

☐ Change ☒ Addition

TITLE **V** ☐ DELETE  
NAME **SHIELDS, FRED C JR**  
STREET ADDRESS **16479 DALLAS PARKWAY, STE 400**  
CITY-ST-ZIP **DALLAS TX 75248**

6.1 TITLE

**Addison, TX 75001-2512**

☒ Change ☐ Addition

14. I 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-7-99**

**(972) 447-2504**

CR2E034(1/98)