

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001820

Entity Name: DORIA VENTURES, LLC

FILED  
Apr 24, 2005  
Secretary of State

**Current Principal Place of Business:**

2345 STANFORD CT, STE 602  
NAPLES, FL 34112 US

**New Principal Place of Business:**

**Current Mailing Address:**

2345 STANFORD CT, STE 602  
NAPLES, FL 34112 US

**New Mailing Address:**

FEI Number: 75-3005197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DORIA, VERONICA  
6134 POLLY AVE  
NAPLES, FL 34112 US

**Name and Address of New Registered Agent:**

DORIA, VERONICA  
2560 GOLDEN GATE BLVD.  
NAPLES, FL 34117 US

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: VERONICA DORIA

04/24/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DORIA, VERONICA  
Address: 6134 POLLY AVE  
City-St-Zip: NAPLES, FL 34112 US

Title: MGRM ( ) Delete  
Name: DORIA, ALBERT SR  
Address: 6134 POLLY AVE  
City-St-Zip: NAPLES, FL 34112 US

Title: MGRM ( ) Delete  
Name: DORIA, ALBERT JR  
Address: 6134 POLLY AVE  
City-St-Zip: NAPLES, FL 34112 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DORIA, VERONICA  
Address: 2560 GOLDEN GATE BLVD.  
City-St-Zip: NAPLES, FL 34117 US

Title: MGRM (X) Change ( ) Addition  
Name: DORIA, ALBERT SR  
Address: 2560 GOLDEN GATE BLVD.  
City-St-Zip: NAPLES, FL 34117 US

Title: MGRM (X) Change ( ) Addition  
Name: DORIA, ALBERT JR  
Address: 2345 STANFORD CT., STE 602  
City-St-Zip: NAPLES, FL 34112 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VERONICA DORIA

MGRM

04/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date