

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001820

Entity Name: DORIA VENTURES, LLC

FILED
Apr 30, 2006
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
2560 GOLDEN GATE BLVD.
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

DORIA, ALBERT
888 GRAND RAPIDS BLVD.
NAPLES, FL 34120 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: ALBERT DORIA, JR

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALBERT DORIA, JR

MGRM

04/30/2006

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