

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007333

FILED
Sep 13, 2007
Secretary of State

Entity Name: DOLOHA LLC

Current Principal Place of Business:

9991 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

3018 DEVON DRIVE
FORT WAYNE, IN 46815

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DODD L. HARVEY
9991 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: HARVEY, DODD L
Address: 9991 CYPRESS LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33919

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

Title: MGR () Delete
Name: HARVEY, CAROLYN
Address: 3018 DEVON DRIVE
City-St-Zip: FORT WAYNE, IN 46815

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

Title: MGRM (X) Delete
Name: HARVEY, BRENT C
Address: 9991 CYPRESS LAKE DR
City-St-Zip: FORT MYERS, FL 33919 US

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

I hereby certify that the information supplied with this filing does not qualify 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: D. L. HARVEY

MGR

09/13/2007

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