

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061694

Entity Name: DESI DE DOTS LLC

FILED
Jul 12, 2005
Secretary of State

Current Principal Place of Business:

444 B ROAD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

444 B ROAD
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 56-2483476 FEI Number Applied For () 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:

DEMONDO, DORIS
444 B ROAD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: DEMONDO, DORIS
Address: 444 B ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: DEMONDO, MIKE
Address: 444 B ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM () Delete
Name: DESIDERIO, MICHELE
Address: 444 B ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

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 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: DORIS DEMONDO

MGRM

07/12/2005

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