## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 24, 2005 8:00 am **Secretary of State DOCUMENT # L00000013140** 01-24-2005 90104 025 \*\*\*\*50.00 1. Entity Name DOBECARO, LLC Principal Place of Business Mailing Address 14101 CYPRESS CIRCLE 14101 CYPRESS CIRCLE TAMPA, FL 33624 TAMPA, FL 33624 01172005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3690776 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURTON, KENNETH A DO NOT WRITE 14101 CYPRESS CIRCLE **TAMPA, FL 33624** IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Recestered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE NAME **BURTON, KENNETH A** STREET ADDRESS 14101 CYPRESS CIRCLE CITY-ST-ZIP TAMPA, FL 33624 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

她看着我就看有专项推准,在给各种企业都保持能积累中加强的推查 11. 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 report is true and accurate and that my 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 trustiff empowered to execute this report as required by Chapter 608, Florida Statutes.

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STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE