

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jun 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000011311

**1. Entity Name
DOYLE MCDONALD, LLC**



**Principal Place of Business
644-B N., WOODLAND BLVD.
DELAND, FL 32720**

**Mailing Address
644-B N., WOODLAND BLVD.
DELAND, FL 32720**



DO NOT WRITE IN THIS SPACE

06022005 No Chg-LLC

CR2E083 (10/03)

**4. FEI Number
75-3002305**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, ROBERT N
644-B N. WOODLAND BLVD.
DELAND, FL 32720**

**DO NOT WRITE
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: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

1000000369349
06/10/05-80004-001 50.00

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GREENE, ROBERT N
644 B. N. WOODLAND BLVD.
DELAND, FL 32724**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

[Signature] **MANAGER**

06/07/05