2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# L01000017855

Entity Name: DOVETALE, LLC

Current Principal Place of Business:

5355 MCINTOSH RD.
UNIT E
SARASOTA, FL 34233 US

New Principal Place of Business:

115 N. TAMIAMI TR.
STE. 5
NOKOMIS, FL 34275 US

Current Mailing Address:

5355 MCINTOSH RD.
UNIT E
SARASOTA, FL 34233 US

New Mailing Address:

115 N. TAMIAMI TR.
STE. 5
NOKOMIS, FL 34275 US

FEI Number: 65-1146010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, ROY
8841 HUNTINGTON POINTE DR.
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

FORD, ROY
6706 OAK HAMMOCK DR.
BRADENTON, FL 34202 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: 04/13/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: FORD, ROY
Address: 8841 HUNTINGTON PT DR
City-St-Zip: SARASOTA, FL 342384112

Title: MGR (X) Delete
Name: FORD, SUSAN D
Address: 8841 HUNTINGTON PT DR
City-St-Zip: SARASOTA, FL 342384112

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FORD, ROY
Address: 6706 OAK HAMMOCK DR.
City-St-Zip: BRADENTON, FL 34202

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: ROY FORD MGRM 04/13/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date