
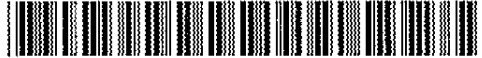
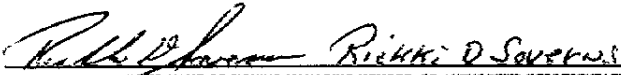


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022541 1. Entity Name DONSORELL, LLC		
Principal Place of Business 321 NW 201 AVENUE PEMBROKE PINES, FL 33029		Mailing Address 321 NW 201 AVENUE PEMBROKE PINES, FL 33029
DO NOT WRITE IN THIS SPACE		
		 01082004 No Chg-LLC CR2E083 (10/03)
4. FEI Number 04-3597645		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent DONATO, RICHARD T 7700 DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DONATO, RICHARD T 7700 DAVIE ROAD EXTENSION HOLLYWOOD, FL 33024	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FARRELL, BRENDON 7232 NW 70TH STREET MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SOVERNS, RICKKI D 321 NW 201 AVENUE PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE 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)(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 trustee empowered to execute this report as required by Chapter 603, Florida Statutes.		
SIGNATURE:  RICKKI D SOVERNS		JAN 25, 04 954-450-7050 <small>Date Daytime Phone #</small>