

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90022 023 ****50.00

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04142005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000003687					
1. Entity Name DOVE CREEK LODGE, LLC					
Principal Place of Business 825 CORAL RIDGE DR CORAL SPRINGS, FL 33076			Mailing Address 825 CORAL RIDGE DR CORAL SPRINGS, FL 33076		
2. Principal Place of Business 147 SEASIDE AVE.			3. Mailing Address 147 SEASIDE AVE.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State KEY LARGO, FL			City & State KEY LARGO, FL		
Zip 33037		Country	Zip 33037		Country
4. FEI Number 82-0542932			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			7. Name and Address of New Registered Agent		
KIPNIS TESCHER LIPPMAN & VALINSKY, P.A. 100 NORTHEAST THIRD AVENUE, SUITE 610 FORT LAUDERDALE, FL 33301			Name HOWARD KOLBENHEYER		
			Street Address (P.O. Box Number is Not Acceptable)		
			139 SEASIDE AVE.		
			City KEY LARGO		FL
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 <i>Howard Kolbenheyer</i>			DATE 4/14/05		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERRY, CRAIG 825 CORAL RIDGE DR CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATSIKAS, PAUL 825 CORAL RIDGE DR CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12390 S.W. 82ND AVE. PINECREST, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REARDON, ERIC 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18629 S.W. 107TH AVE MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLBENHEYER, HOWARD 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	139 SEASIDE AVE. KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.					
SIGNATURE: <i>Howard Kolbenheyer</i>			Date 4/14/05 305 Daytime Phone # 852-6200		