

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004136

Entity Name: DOSHI HOLDINGS, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

1515 N. FEDERAL HWY.
SUITE 405
BOCA RATON, FL 33432 US

New Principal Place of Business:

560 SOUTH BROADWAY
HICKSVILLE, NY 11801 US

Current Mailing Address:

1515 N. FEDERAL HWY.
SUITE 405
BOCA RATON, FL 33432 US

New Mailing Address:

560 SOUTH BROADWAY
HICKSVILLE, NY 11801 US

FEI Number: 01-0743259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEVIE, MARK N
1515 N. FEDERAL HWY.
SUITE 405
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

KRASNA, GARY ESQ.
3010 NORTH MILITARY TRAIL
BOCA RATON, FL 33431 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: GARY KRASNA

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KEYNEJAD, JAMSHID
Address: 1515 N FEDERAL HWY STE 405
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM (X) Delete
Name: DOSHI, NITIN
Address: 1515 N FEDERAL HWY STE 405
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOSHI, NITIN
Address: 560 SOUTH BROADWAY
City-St-Zip: HICKSVILLE, NY 11801

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: NITIN DOSHI

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date