

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90031 040 \*\*\*\*55.00

**DOCUMENT # L02000017565**

1. Entity Name  
**DOSAL REALTY, LLC**



Principal Place of Business  
**C/O 4775 N.W. 132 STREET  
 OPA LOCKA, FL 33054**

Mailing Address  
**200 SOUTH BISCAYNE BOULEVARD  
 4100  
 MIAMI, FL 33131**

**20056711**

2. Principal Place of Business  
**C/O 4775 NW 132 Street**

3. Mailing Address  
**100 SE 2nd Street  
 34th Floor**


Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
**Opa Locka, FL**

City & State  
**Miami, FL**

Zip  
**33054**

Zip  
**33131-2158**



01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-1229726**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATE INTERNATIONAL REGISTERED AGENTS  
 200 SOUTH BISCAYNE BOULEVARD, SUITE 4100  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
**BIPC CORPORATE REGISTERED AGENTS, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 SE 2nd Street,  
 34th Floor**  
 City  
**Miami** FL Zip Code  
**33131-1101**

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. **BIPC CORPORATE REGISTERED AGENTS, INC.**

SIGNATURE By: *[Signature]* DATE **4/21/05**

Signature, typed or printed name of registered agent, and date acceptable for reinstallation. (NOTE: Registered Agent Signature Required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

|                                                |                                                                |                                 |
|------------------------------------------------|----------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DOSAL, MARGARITA<br>4775 NW 132ND ST<br>MIAMI, FL 33054 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *[Signature]* **COO. CFO.** DATE **4.21.05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #