


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90053 040 \*\*\*\*50.00

<b>DOCUMENT # L02000030315</b>	
1. Entity Name <b>DONIA, L.L.C.</b>	

Principal Place of Business <b>704 S.E. 2ND AVE., STE. 337 DEERFIELD BEACH, FL 33441</b>	Mailing Address <b>704 S.E. 2ND AVE., STE. 337 DEERFIELD BEACH, FL 33441</b>
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2. Principal Place of Business <b>1331 S. Dixie Hwy, W.</b>	3. Mailing Address <b>1331 S. Dixie Hwy, W</b>
Suite, Apt. #, etc. <b>#11B</b>	Suite, Apt. #, etc. <b>#11B</b>

City & State <b>Pompano Beach, FL</b>	City & State <b>Pompano Beach, FL</b>
Zip <b>33060-8569</b>	Country <b>USA</b>

03022005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>02-0651203</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CEGIELSKI, MAREK A 704 SE 2ND AVE., STE 337 DEERFIELD BEACH, FL 33441</b>	
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7. Name and Address of New Registered Agent Name <b>Cegielski Marek A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1331 S. Dixie Hwy, W.</b> <b>#11B</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33060</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	MGR CEGIELSKI, MAREK A 704 S.E. 2ND AVE., STE. 337 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CEGIELSKI, MAREK A. 1331 S. DIXIE HWY., W, #11B POMPAÑO BEACH, FL 33060-8569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUJDUS, RICHARD J 704 S.E. 2ND AVE., STE. 337 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUJDUS, RICHARD J. 1331 S. DIXIE HWY., W, #11B POMPAÑO BEACH, FL 33060-8569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

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

**03-09-05**

Date

Daytime Phone #