2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000018865

1. Entity Name

DOVARWOOD INVESTMENTS, LLC



FILED Jan 31, 2008 08:00 AN **Secretary of State**

Principal Place of Business

5155 DEESON POINTE CT. LAKELAND, FL 33805

Mailing Address

3101 HIGHLANDS BY THE LAKE WAY LAKELAND, FL 33812



01272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2368103

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOVIAK, RICHARD 5155 DEESON POINTE CT LAKELAND, FL 33805

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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.	am famillar with, and accept
the obligations of registered agent.	

SIGNATURE.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

(NOTE: Registered Agent sonsture required when rensisting)

FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75

U00000809311 02/08/08-80016-020 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DOVIAK, RICHARD J
STREET AODRESS	5155 DEESON POINTE CT.
CITY-ST-ZIP	LAKELAND, FL. 33805
TITLE	MGRM
NAME	VARGAS, DAVID J
STREET ADDRESS	3101 HIGHLANDS BY THE LAKE WAY
CITY-ST-ZIP	LAKELAND, FL 33812
TITLE	MGRM
HAME	WOODY, JOHN D
STREET ADDRESS	8633 VISTA SHORES CT.
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DILE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE