

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035186

FILED  
Sep 07, 2004  
Secretary of State

Entity Name: DOLOHA II L.L.C.

**Current Principal Place of Business:**

9991 CYPRESS LAKE DRIVE  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

9991 CYPRESS LAKE DRIVE  
FORT MYERS, FL 33919

**New Mailing Address:**

3018 DEVON DRIVE  
FORT WAYNE, IN 46815

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HARVEY, DODD L  
9991 CYPRESS LAKE DRIVE  
FORT MYERS, FL 33919

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HARVEY, DODD L  
Address: 9991 CYPRESS LAKE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM ( ) Delete  
Name: HARVEY, CAROLYN F  
Address: 3018 DEVON DRIVE  
City-St-Zip: FORT WAYNE, IN 46815

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HARVEY, DODD L  
Address: 9991 CYPRESS LAKE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR (X) Change ( ) Addition  
Name: HARVEY, CAROLYN F  
Address: 3018 DEVON DRIVE  
City-St-Zip: FORT WAYNE, IN 46815

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: DODD L. HARVEY

MGR

09/07/2004

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