## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # L03000041583**

DYNAMIC DOUGHNUTS REALTY OF HIALEAH, LLC



Principal Place of Business

**4225 GENESEE STREET** BUFFALO, NY 14225

Mailing Address

**4225 GENESEE STREET** BUFFALO, NY 14225



04-22-2005 90052 027 \*\*\*\*50.00

~~~40624



01132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0581418

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, NAT 7634 N.W. GTH AVENUE 1371 WEST PRIMETTO PL BOCA RATON, FL -33487

DO NOT WRITE IN THIS SPACE.

33486

## DO NOT WRITE IN THIS SPACE

| 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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

| 9.                            | MANAGING MEMBERS/MANAGERS |               |
|-------------------------------|---------------------------|---------------|
| TITLE                         | MGRM                      |               |
| NAME                          | COSENTINO, JAMES A        |               |
| STREET ADDRESS                | 4225 GENESEE ST.          |               |
| CITY-ST-ZIP                   | BUFFALO, NY 14225         |               |
| TITLE                         |                           |               |
| NAME                          |                           |               |
| STREET ADDRESS                |                           |               |
| CITY-ST-ZIP                   |                           |               |
| TITLE                         |                           |               |
| NAME                          | •                         |               |
| STREET ADDRESS                |                           |               |
| CITY-ST-ZIP                   |                           | DO NOT WRITE  |
| TITLE                         |                           |               |
| NAME                          |                           | IN THIS SPACE |
|                               |                           |               |
| STREET ADDRESS<br>CITY-ST-ZIP |                           |               |
|                               |                           |               |
| TITLE                         |                           |               |
| NAME                          |                           |               |
| STREET ADDRESS                |                           |               |
| CITY-ST-ZIP                   |                           |               |
| TITLE                         |                           |               |
| NAME                          |                           |               |
| STREET ADDRESS                |                           |               |
| CITY-ST-ZIP                   |                           |               |

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:

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

<u>-Ilalos</u>

716-634-2121 Daytime Phone #