


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000041905</b> 1. Entity Name D.O.S., LLC	
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Principal Place of Business 1212 S. ANDREWS AVENUE SUITE 203 FT. LAUDERDALE, FL 33316 US	Mailing Address 1212 S. ANDREWS AVENUE SUITE 203 FT. LAUDERDALE, FL 33316 US
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04032007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0467321	Applied For 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  LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180
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<b>DO NOT WRITE IN THIS SPACE</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)  
Signature typed or printed name of registered agent and title if applicable DATE


**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000729032  
05/08/07-80021-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARLMAN, STEWART 1212 S. ANDREWS AVENUE SUITE 203, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHARPE, ORLANDO 1212 S. ANDREWS AVENUE SUITE 203, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOPP, DAVID 1212 S. ANDREWS AVENUE SUITE 203, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #