

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90043 020 ***138.75

DOCUMENT # L03000053805					
1. Entity Name DOGANIERO ASSET MANAGEMENT, LLC					
Principal Place of Business 224 PONCE DE LEON BLVD BELLEAIR, FL 33766 US			Mailing Address 224 PONCE DE LEON BLVD BELLEAIR, FL 33766 US		
2. Principal Place of Business - No P.O. Box # 670 Clearwater Largo Rd.			Mailing Address Same		
Suite, Apt. #, etc. Suite D			Suite, Apt. #, etc.		
City & State Largo FL			City & State		
Zip 33770			Country USA		
6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR 200 AVIATION DRIVE SUITE 2 NAPLES, FL 34104			7. Name and Address of New Registered Agent Name: JUDY LANCI Street Address (P.O. Box Number is Not Acceptable): 670 CLEARWATER LARGO RD. SUITE D City: LARGO FL Zip Code: 33770		
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: <i>Judy Lanci</i> DATE: 4-30-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOGANIERO, PHILIP 224 PONCE DE LEON BLVD BELLEAIR, FL 33766	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	670 CLEARWATER LARGO RD SUITE D LARGO FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOGANIERO FAMILY LIMITED PARTNERSHIP 224 PONCE DE LEON BLVD BELLEAIR, FL 33766	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	670 CLEARWATER LARGO RD SUITE D LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: <i>Philip Doganiero</i>			Date: 4-29-08 Daytime Phone #: 287-501-1160		