2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # L03000054079 04-20-2005 90042 036 ****50.00 1. Entity Name DR DOOR, LLC Principal Place of Business Mailing Address 2945 YORKTOWN ST. 2945 YORKTOWN ST. US SARASOTA, FL 34231 SARASOTA, FL 34231 CR2E083 (10/03) 04132005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For **NOT APPLICABLE** Not Applicable \$5.00 Additional 5._Certificate of Status Desired Fee Reculred 6. Name and Address of Current Registered Agent DO NOT WRITE SCHMITT, RONALD R = 2945 YORKTOWN ST. SARASOTA, FL 34231 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 SCHMITT, RONALD R NAME STREET ADDRESS 2945 YORKTOWN ST. CITY-ST-7IP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM! STREET ADDRESS DO NOT WRITE CITY+ST-ZIF IN THIS SPACE NAME STREET ADDRESS C(TY+ST+7)P 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.

FILED