

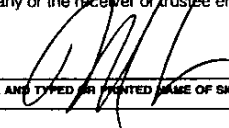


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90016 025 ****50.00

DOCUMENT # L03000054381 1. Entity Name DOLCE PROPERTIES LLC					
Principal Place of Business 1001 SOUTH ROME AVE, UNIT 3 TAMPA, FL 33606			Mailing Address 1001 SOUTH ROME AVE, UNIT 3 TAMPA, FL 33606		
2. Principal Place of Business 2902 W. Aquilla St. Suite, Apt. #, etc.		3. Mailing Address 2902 W. Aquilla St. Suite, Apt. #, etc.			
City & State Tampa FL Zip 33629		City & State Tampa FL Zip 33629		4. FEI Number 20-0531061	
Country Hillsborough		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, MARK R SR 6830 CENTRAL AVE., SUITE D ST. PETERSBURG, FL 33707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CIBRAN, MARIANO E 1001 SOUTH ROME AVE, UNIT 3 TAMPA, FL 33606			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
MGR Cibran, Mariano E 2902 W. Aquilla St Tampa, FL 33629				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
(Empty rows for additional members/changes)					
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:  Mariano Cibran 7/12/05 813-810-7394 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					