


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000054494</b><br>1. Entity Name<br><b>DOLCI REAL PROPERTY, L.L.C.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>8612 BLACK MESA DRIVE<br/>ORLANDO, FL 32829</b> | Mailing Address<br><b>8612 BLACK MESA DRIVE<br/>ORLANDO, FL 32829</b> |
|---|---|



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03032005 No Chg-LLC

CR2E083 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-0679066</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00 Additional<br/>Fee Required</b> |
|---|---|

**6. Name and Address of Current Registered Agent**

**RUBINO, NICHOLAS J ESQ.  
RUBINO & ASSOCIATES, P.L.C.  
159 LOOKOUT PLACE SUITE 101  
MAITLAND, FL 32751-4466**

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/05/05

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

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>MGR<br/>DOLCI MANAGEMENT, INC.<br/>8612 BLACK MESA DRIVE<br/>ORLANDO, FL 32829</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

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IN THIS SPACE**

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: *N. Rubino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/5/05 407673 461