## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 27, 2004 8:00 am Secretary of State

| DOCUMENT # L03000054527  |  |  |                               | 11/2          | 05-27-200  | 04 90331 012 **                | ***50.00     |
|--|--|--|-------------------------------|---------------|--|--------------------------------|--------------|
| <ol> <li>Entity Name</li> <li>DOLCI Pf</li> </ol>  | ROPERTY, L.L.C.  |  |                               |               |  |                                |              |
| <b>3020</b> (1)((8) 2)((1), 2)(2)(9)   |  |  | 3 1 1 1 2 2                   |               |  |                                |              |
|  |  |  | W. 11:                        | <u>"</u>      |  |                                |              |
| Principal Place of Business<br>8612 BLACK MESA DRIVE   |  | Mailing Address<br>8612 BLACK MESA DRIVE |                               |               | 0.4.081  | 11 20                          |              |
| ORLANDO, FL 32829  |  | ORLANDO, FL 32829                        |                               |               | 24077120   |                                |              |
|  |  | ·* -                                     |                               | - 1           | # 1886 IAA AR A     | ALDI MALI KINGI AHFA JETIL IBI |              |
| 2. Principal Place of Business   |  | 3. Mailing Address                       |                               |               |  |                                |              |
| 2  |  | 3  |                               |               | I FRANSKIK KIL ROJOH ING HALIF MARIF MARIF K         | 4161 48U 61861 49E4 11611 10   | ERAN DI NOV  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                      |                               |               | 05142004 Chg-LLC                                     | CR2E083 (10/03)                |              |
| City & State   |  | City & State                             |                               |               | 4. FEI Number 20-067                                 | , ,                            | oplied For   |
| Only & State   |  |  |                               |               | 55-2759-65   | No                             | t Applicable |
| Zip  | Country  | Zip                                      | Country                       | -             | 5. Certificate of Status Desired                     | □ \$5.00 Add                   |              |
|  | 6. Name and Address of Current   | Registered Agent                         |                               |               | 7. Name and Address of New Reg                       | Fee Require                    | 0            |
|  | . 1.   |  | Name                          |               |  |                                |              |
|  | NICHOLÁS J ESQ.  | Street Aridress (I                       |                               | rtdress (P.   | P.O. Box Number is Not Acceptable)                   |                                |              |
|  | ASSOCIATES, P.L.C. OUT PLACE, SUITE 101  |  | Steet Address                 |               | (i.e. ballion to |                                |              |
|  | ), FL 32751-4466   |  |                               |               |  |                                |              |
|  |  |  | City                          |               |  | FL Zip Code                    | e            |
| 8. The above   | named entity submits this statement to   | r the purpose of changing its            | registered office or          | registered    | agent, or both, in the State of Floric               |                                | and accept   |
| the obligations of registered agent.   |  |  |                               |               |  |                                |              |
| SIGNATURE Streams, spead or printed nather of registered against district applicable. (NOTC: Registered Again against  |  |  |                               |               |  |                                |              |
|  | 99 90 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | s ome asppasans. — Me c                  | Togoto da Agri Tagilia.       | TO TOURSED OF | = 121 sum (f)  |                                |              |
| Fil  | ing Fee is \$50.00   |  |                               |               |  | check payable to               |              |
| Due b  | y September 8, 2004  |  |                               |               | Florida C  | Department of State            | e            |
| 9.   | MANAGING MEMBI   | ERS/MANAGERS                             | 10.                           |               | ADDITIONS/CI   | HANGES                         |              |
| TŢŢLE -  | MGR  | ☐ Dalets                                 | TITLE                         | MG            | R  | ☐ Change                       | Addition     |
| APME   | COLCI MANAGEMENT, INC.   |  | NAME<br>DEVEST ANALYSISS      | DOLC          | LI MANAGEMENT,<br>L BLACK MESA D                     | INC.                           |              |
| STREET ADDRESS ;<br>CITY-ST-ZIP  | 8612 BLACK MESA DRIVE<br>ORLANDO, FL 32829   |  | STHEET ADDRESS<br>CITY-ST-ZIP | 8617          | LOCACK MESA D<br>LANDO, FLORIDA 32                   | KING                           |              |
| TITLE  |  | Dal ata                                  | TITLE                         | _ <u>~</u>    | MADO, PLONIUM 32                                     | ☐ Change                       | Addition     |
| NAME   |  |  | NAME                          |               |  |                                |              |
| STREET ADDRESS<br>CITY-ST-ŽIF  | •  |  | STHEET ADDRESS<br>CITY-ST-ZIP |               |  |                                | İ            |
| TITLE  | •  |  | TITLE                         |               |  | Change                         | Addition     |
| NAME   |  | 🗀 ರಹಣ                                    | NAME                          |               |  | C. Change                      | ☐ Addition   |
| STREET ADORESS   |  |  | STREET ADURESS                |               |  |                                | 1            |
| City-st-zir  | Company of the second of the s |  | CITY-ST-ZIP                   |               |  | <del></del>                    |              |
| TITLE<br>Name  |  | Oslate                                   | TITLE<br>NAME                 |               |  | ☐ Change                       | ☐ Addition   |
| STREET ADDRESS   |  |  | STREET ADDRESS                |               |  |                                |              |
| CITY-ST-ZIF  |  |  | CITY-ST-ZIF                   | ļ             |  | <del></del>                    |              |
| TITLE  |  | ☐ Deleta                                 | TITLE                         |               |  | Change                         | Addition     |
| NAME<br>Street Address   |  |  | NAME<br>STREET ADDRESS        |               |  |                                |              |
| CHY-ST-ZIP   | ļ  |  | CITY-ST-ZIP                   |               |  |                                |              |
| TITLE  |  | ☐ Deleta                                 | TITLE                         |               |  | Change                         | Addition     |
| NAME<br>STREET ADURESS   |  |  | NAME<br>CTREET AINIBECC       |               |  |                                |              |
| CFTY-ST-ZIF  |  |  | STREET ADURESS<br>CITY-ST-ZIF |               |  |                                |              |
| 11. Thereby 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 eath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  |  |  |                               |               |  |                                |              |
| $V \sim (I/I) (\lambda/I)$   |  |  |                               |               |  |                                |              |
| SIGNATURE: A MULL & WOLL   |  |  |                               |               |  |                                |              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Care Care Control Contro |  |  |                               |               |  |                                |              |