2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # L03000054527 DOLCI PROPERTY, L.L.C. Principal Place of Business Mailing Address 8612 BLACK MESA DRIVE 8612 BLACK MESA DRIVE ORLANDO, FL 32829 ORLANDO, FL 32829 03032005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0679029 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUBINO, NICHOLAS J ESQ. DO NOT WRITE RUBINO & ASSOCIATES, P.L.C. 159 LOOKOUT PLACE, SUITE 101 IN THIS SPACE MAITLAND, FL 32751-4466 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. Jam familiar with, and accept the obligations of registered agent Signature, typed or printed pame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DOLCI MANAGEMENT, INC. NAME STREET ADDRESS 8612 BLACK MESA DRIVE CITY-ST-7/P ORLANDO, FL 32829 TID F 04/08/05-80076-022 STREET ADDRESS CITY-ST-ZIP the same of the same TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP m£ 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 trusted empoyered to execute this report as required by Chapter 608, Fjorida Statutes.

FILED