

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001347

FILED
Apr 25, 2006
Secretary of State

Entity Name: THE DOLLARD GROUP, L.L.C.

Current Principal Place of Business:

529 PELICAN WAY
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

529 PELICAN WAY
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 52-2422078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOLLARD, JASON P
295 NE 5TH AVENUE
UNIT 31
DELRAY BEACH, FL 33443 US

Name and Address of New Registered Agent:

DOLLARD, JASON P ESQ
295 NE 5TH AVENUE
UNIT 31
DELRAY BEACH, FL 33443 US

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.

SIGNATURE: JASON P. DOLLARD

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOLLARD, VIRGINIA M
Address: 529 PELICAN WAY
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR () Delete
Name: DOLLARD, WAYNE J
Address: 529 PELICAN WAY
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOLLARD, VIRGINIA M MS.
Address: 529 PELICAN WAY
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR (X) Change () Addition
Name: DOLLARD, WAYNE J DR.
Address: 529 PELICAN WAY
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VIRGINIA M. DOLLARD

MS.

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date