


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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| DOCUMENT # L04000002790 | |  |
| 1. Entry Name DOSUMA, LLC | | |
| Principal Place of Business 6437 LAS FLORES DRIVE BOCA RATON, FL 33433 US | Mailing Address 6437 LAS FLORES DRIVE BOCA RATON, FL 33433 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 5. Name and Address of Current Registered Agent DELUCIA, DONALD B 6437 LAS FLORES DRIVE BOCA RATON, FL 33433 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DELUCIA, DONALD B 6437 LAS FLORES DRIVE BOCA RATON, FL 33433 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DELUCIA, SUSAN M 6437 LAS FLORES DRIVE BOCA RATON, FL 33433 | |
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01042006 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 51-0493335 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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02/10/06-80043-014 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Donald B. Delucia, MGRM 1/6/06 5614770018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #