

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

3 **FILED**
Apr 19, 2005 8:00 am
Secretary of State

03-21-2005 90533 004 ****50.00

DOCUMENT # L04000014846					
1. Entity Name DOODLE II, LLC.					
Principal Place of Business 1936 LEE ROAD, SUITE 101 C/O WEBSTER CHAIRES & PARTNERS, P.L. WINTER PARK, FL 32789			Mailing Address 1936 LEE ROAD, SUITE 101 C/O WEBSTER CHAIRES & PARTNERS, P.L. WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		03162005 Chg-LLC CR2E083 (10/03)
4. FEI Number 51-0498590				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent W&P SERVICES, INC. 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME WEBSTER, DAVID A STREET ADDRESS 1936 LEE ROAD, SUITE 101 CITY-ST-ZIP WINTER PARK, FL 32789	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE PST NAME WEBSTER, DAVID A STREET ADDRESS 1936 LEE ROAD, SUITE 101 CITY-ST-ZIP WINTER PARK, FL 32789	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>David Webster</u> SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			18 Mar 05 407-691-0520 Date Daytime Phone #		

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