

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90033 001 ***200.00

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01032007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000014846													
1. Entity Name DOODLE II, LLC.													
Principal Place of Business 450 N WYMORE RD WINTER PARK, FL 32789			Mailing Address 450 N WYMORE RD WINTER PARK, FL 32789										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 51-0498590									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required									
6. Name and Address of Current Registered Agent W&P SERVICES, INC. 450 N. WYMORE ROAD WINTER PARK, FL 32789			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State											
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES										
TITLE	MGR		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	WEBSTER, DAVID A		NAME										
STREET ADDRESS	450 N WYMORE RD		STREET ADDRESS										
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP										
TITLE	PST		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	WEBSTER, DAVID A		NAME										
STREET ADDRESS	450 N WYMORE RD		STREET ADDRESS										
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP										
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
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:													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE													
President 2/6/07 407-691-0500													