

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021379

Entity Name: DOCC 1, LLC

FILED  
Jan 08, 2007  
Secretary of State

**Current Principal Place of Business:**

10605 MENDOCINO LN  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

10791 AVENIDA SANTA ANA  
BOCA RATON, FL 33498

**New Mailing Address:**

10605 MENDONCINO LN  
BOCA RATON, FL 33428

FEI Number: 20-0734149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OGRIN, BARRY  
10605 MENDOCINO LN  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OGRIN, BARRY  
Address: 10605 MENDOCINO LN  
City-St-Zip: BOCA RATON, FL 334281229

Title: MGR ( ) Delete  
Name: COUNTS, CHARLES  
Address: 10605 MENDOCINO LN  
City-St-Zip: BOCA RATON, FL 33428

Title: MGR ( ) Delete  
Name: DIZNOFF, LEE  
Address: 10605 MENDOCINO LN  
City-St-Zip: BOCA RATON, FL 33428

Title: MGR ( ) Delete  
Name: COLEMAN, BYARD M  
Address: 10605 MENDOCINO LN  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARRY OGRIN

MGMR

01/08/2007

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