


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90029 039 \*\*\*\*50.00

|   |                                      |                         |   |   |          |
|---|--------------------------------------|-------------------------|---|---|----------|
| <b>DOCUMENT # L04000028454</b>  |                                      |                         |   |                |          |
| 1. Entity Name<br><b>DOCKOMINIUM LEASING LLC</b>  |                                      |                         |   |   |          |
| Principal Place of Business<br>2332 FIDDLERS LANE<br>ATLANTIC BEACH, FL 32233   |                                      |                         | Mailing Address<br>2332 FIDDLERS LANE<br>ATLANTIC BEACH, FL 32233 |   |          |
| 2. Principal Place of Business  |                                      | 3. Mailing Address      |   |   |          |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.     |   |   |          |
| City & State  |                                      | City & State            |   | 4. FEI Number<br><b>68-0584137</b>  |          |
| Zip   |                                      | Country                 |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |          |
| 6. Name and Address of Current Registered Agent   |                                      |                         | 7. Name and Address of New Registered Agent                       |   |          |
| ESPINOSA, RAYMOND<br>2332 FIDDLERS LANE<br>ATLANTIC BEACH, FL 32233   |                                      |                         | Name  |   |          |
|   |                                      |                         | Street Address (P.O. Box Number is Not Acceptable)                |   |          |
|   |                                      |                         | City  |   |          |
|   |                                      |                         | <b>FL</b>   |   | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                                      |                         |   |   |          |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>   |                                      |                         |   | <b>Make check payable to Florida Department of State</b>  |          |
| 9. MANAGING MEMBERS/MANAGERS  |                                      |                         | 10. ADDITIONS/CHANGES   |   |          |
| TITLE   | MGR <input type="checkbox"/> Delete  | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |          |
| NAME  | ESPINOSA, RICHARD L                  | NAME                    |   |   |          |
| STREET ADDRESS  | 15505 SW 87TH AVE.                   | STREET ADDRESS          |   |   |          |
| CITY-ST-ZIP   | MIAMI, FL 33157                      | CITY-ST-ZIP             |   |   |          |
| TITLE   | MGRM <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |          |
| NAME  | ESPINOSA, ESTHER M                   | NAME                    |   |   |          |
| STREET ADDRESS  | 2332 FIDDLERS LANE                   | STREET ADDRESS          |   |   |          |
| CITY-ST-ZIP   | ATLANTIC BEACH, FL 32233             | CITY-ST-ZIP             |   |   |          |
| TITLE   | MGRM <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |          |
| NAME  | ESPINOSA, RAYMOND                    | NAME                    |   |   |          |
| STREET ADDRESS  | 2332 FIDDLERS LANE                   | STREET ADDRESS          |   |   |          |
| CITY-ST-ZIP   | ATLANTIC BEACH, FL 32233             | CITY-ST-ZIP             |   |   |          |
| TITLE   | <input type="checkbox"/> Delete      | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |          |
| NAME  |                                      | NAME                    |   |   |          |
| STREET ADDRESS  |                                      | STREET ADDRESS          |   |   |          |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP             |   |   |          |
| TITLE   | <input type="checkbox"/> Delete      | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |          |
| NAME  |                                      | NAME                    |   |   |          |
| STREET ADDRESS  |                                      | STREET ADDRESS          |   |   |          |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP             |   |   |          |
| TITLE   | <input type="checkbox"/> Delete      | 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 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. |                                      |                         |   |   |          |
| <b>SIGNATURE</b> <i>Raymond Espinosa</i>  |                                      | <b>RAYMOND ESPINOSA</b> |   | 4/27/05 (90A) 249-9176  |          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |                                      | <small>Date</small>     |   | <small>Daytime Phone #</small>  |          |