2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
02-28-2005 90044 003 ****50.00

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1. Entity Name
THE DORAGH LAW FIRM, P.L.

Principal Place of Business	Mailing Address
12071 WEDGE DR. FT. MYERS, FL 33913	12071 WEDGE DR. FT. MYERS, FL 33913

2. Principal Place of Business		3. Mailing Address	
		7800 UNIVERSITY POINTE DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #100	
City & State		City & State FORT MYERS, FL	
Zip	Country	Zip 33907	Country USA

02152005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1161729 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DORAGH, PETE 12071 WEDGE DR. FT. MYERS, FL 33913	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PETE DORAGH, MAN. MEMBER 7800 UNIVERSITY DRIVE FORT MYERS, FL 33913 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 2/17/05 239-425-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #