2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# L04000038144

Entity Name: VICTORIA DOLCI DESIGNS, LLC

Current Principal Place of Business:

2716 FORSYTH ROAD
SUITE 105
WINTER PARK, FL 32792

New Principal Place of Business:

8612 BLACK MESA DRIVE
ORLANDO, FL 32829

Current Mailing Address:

2716 FORSYTH ROAD
SUITE 105
WINTER PARK, FL 32792

New Mailing Address:

8612 BLACK MESA DRIVE
ORLANDO, FL 32829

FEI Number: 51-0510107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOLLI, VICTORIA
8612 BLACK MESA DRIVE
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

DOLCI, VICTORIA B
8612 BLACK MESA DRIVE
ORLANDO, FL 32829 US

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: VICTORIA B. DOLCI 04/04/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DOLCI, VICTORIA
Address: 2716 FORSYTH RD., SUITE 105
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete
Name: MCLAUGHLIN, MICHELE K
Address: 450 SOUTH BROADWAY STREET
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DOLCI, VICTORIA
Address: 8612 BLACK MESA DRIVE
City-St-Zip: ORLANDO, FL 32829

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: MICHELE K. MCLAUGHLIN MGRM 04/04/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date