

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043344

Entity Name: DOLLAR CITY, L.L.C.

FILED  
Jan 30, 2006  
Secretary of State

**Current Principal Place of Business:**

1553 N. NOVA RD.  
HOLLY HILL, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1440 JACKSON AVE.  
HOLLY HILL, FL 32117

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MOORE, TIMOTHY  
1440 JACKSON AVE.  
HOLLY HILL, FL 32117 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: MGR ( ) Delete  
Name: MOORE, TIMOTHY  
Address: 1440 JACKSON AVE.  
City-St-Zip: HOLLY HILL, FL 32117

Title: MGR ( ) Delete  
Name: FESSENDEN, MICHAEL  
Address: 16700 W. YORKSHIRE DR.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: MASHAW, ALAN  
Address: 8 PALM DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

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: TIMOTHY E MOORE

MGR

01/30/2006

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