2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

		VIJIAAVE	MET ON			**		
DOCUMENT # L04000045784							FILED MAR - 2 PM 2: 49 CRETARY OF FLORIDA LAHASSEE, FLORIDA	
1. Entity Name DOGWOOD, LLC							FILED	
2000000, 220							5 PM 5: 43	
						05	MAR	
Principal Place of Business Mailing Address 4596 LOT A SR 16 4596 LOT A SR 16						05	OF I ANY OF FLORIDA	
ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 3				2092		Still	TAHASSEE	
							RIA RENIA SERIA DERIA ZONIA DERIN BENIA DIERDI UNIN IDERRI ANNA DERENANA NEDAS.	
2. Principal Place of Business			3. Malling Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02092005	Chg-LLC CR2E083 (10/03)	
City & State			City & State			4. FEI Numi		\exists \mathcal{M}
Zip Country		Zip	Zip Country		30-1260019 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Regulfred			
6. Name and Address of Current Registered Agent						7. Name an	d Address of New Registered Agent	-
GOSE, DALE B					Name			
.4596 LOT	A SR 16_		Street A		_Street Address (P.O. Box Numi	ber is Not Acceptable)	
St. AUGU	JSTINE, FI	_ 32092						1
					City		FL Zip Code	
The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.					ed office or register	ed agent, or be		1
SIGNATURE Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
- SIGNATORIC	Signature, typed	or printed name of registered agent as	nd title if applicable. (NO	TE: Registere	id Agent signature required	when reinstating)	DATE	
Filing Fee is \$50.00							Make check payable to	ŀ
, b	ue by Ma	1, 2005					Florida Department of State	
9.		MANAGING MEMBER	S/MANAGERS 10.				ADDITIONS/CHANGES	-
TITLE NAME	MGRM	N.E.D.	☐ Delete	TITL	- 1			.
STREET ADDRESS	GOSE, D/ 4596 LOT		-	NAM STAL	ET ADDRESS		(M000)023547/ ^{Chargo}	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092			CITY	-ST-ZIP			
TITLE NAME	☐ Delate			TITL	-	-	☐ Change ☐ Additio	
STREET ADDRESS	1	•		NAM STRE	ET ADDRESS			
CITY-ST-ZIP				CITY	-ST-ZIP			
TITLE NAME	☐ Delete						☐ Change ☐ Addition	1
STREET ADDRESS			•	NAM Stre	ET ADDRESS			
CITY-ST-ZIP				CITY	-ST-ZIP			
TITLE	□ Oelete				[☐ Change ☐ Addition	1
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS			
TITLE					-ST-ZIP		FT channel FT and	-
NAME				NAME			☐ Change ☐ Addition	\
STREET ADDRESS City-St-Zip					ET ADDRESS ST-ZIP			
mrt			☐ Delete	TITLE		····	☐ Change ☐ Addition	-
NAME STREET ADDRESS				NAME			C Grange C Additor	
GTY-ST-ZIP					ET ADDRESS -ST-ZIP			
11. I hereby o	ertify that the	information supplied with the	his filling does not qualify fo	a tha ava		tion 119.07(3)	(i), Florida Statutes. I further certify that the Information	\dashv
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cartify 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.								
01011-11-1 10 1 R Ma								
SIGNATURE: ALL D. B. S. S. S. S. SIGNATURE AND TYPED OR PRINTED HAME OF EXMITTED HAME OF EX								

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Daytima Phone #