2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005
Secretary of State

DOCUMENT# L04000060053

Entity Name: DOOKIE LLC

Current Principal Place of Business:

1641 DRIFTWOOD POINT RD
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

1641 DRIFTWOOD POINT RD
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 20-1899760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRIELMAYER, GARY
1641 DRIFTWOOD POINT RD
SANTA ROSA BEACH, FL 32459 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	BRIELMAYER, GARY	
Address:	1641 DRIFTWOOD POINT RD	
City-St-Zip:	SANTA ROSA BEACH, FL 32459 US	
Title:	MGR	( ) Delete
Name:	CAREY, JOHN D	
Address:	8012 LEGEND CREEK DRIVE	
City-St-Zip:	MIRAMAR, FL 32550 US	
Title:	MGR	( ) Delete
Name:	BRIELMAYER, KIMBERLY R	
Address:	1641 DRIFTWOOD POINT RD	
City-St-Zip:	SANTA ROSA BEACH, FL 32459 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: GARY BRIELAMYER MGR 03/30/2005

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