

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091034

FILED
Apr 01, 2005
Secretary of State

Entity Name: TWO DOCS AND A DONNA, LLC

Current Principal Place of Business:

333 WEST MIAMI AVENUE
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

333 WEST MIAMI AVENUE
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 20-2033959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETTERTON, GREG A
981 RIDGEWOOD AVENUE
SUITE 101
VENICE, FL 34285 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: MGRM () Delete
Name: MORGAN, WILLIAM R
Address: 629 APALACHICOLA ROAD
City-St-Zip: VENICE, FL 34285 US

Title: MGRM () Delete
Name: PACHOTA, MADONNA M
Address: 213 THE ESPLANADE SOUTH
City-St-Zip: VENICE, FL 34285 US

Title: MGRM () Delete
Name: SCHWARTZ, C. MICHAEL
Address: 211 S. KEYSTONE ROAD
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: SCHWARZ, C. MICHAEL
Address: 211 S. KEYSTONE ROAD
City-St-Zip: VENICE, FL 34292

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: WILLIAM R MORGAN

MGRM

04/01/2005

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