

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091536

FILED
Jan 13, 2008
Secretary of State

Entity Name: DOLJAC ENTERPRISES,LLC

Current Principal Place of Business:

1442 EAST RIDGEFIELD DRIVE
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

1442 EAST RIDGEFIELD DRIVE
HERNANDO, FL 34442

New Mailing Address:

FEI Number: 51-0539823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNY, JACK
1442 EAST RIDGEFIELD DRIVE
HERNANDO, FL 34442 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: MGRM () Delete
Name: KENNY, JACK
Address: 1442 EAST RIDGEFIELD DRIVE
City-St-Zip: HERNANDO, FL 34442

Title: MGRA () Delete
Name: KENNY, DOLORES M
Address: 1442 EAST RIDGEFIELD DRIVE
City-St-Zip: HERNANDO, FL 34442

Title: MGRB () Delete
Name: KENNY, JOHN K
Address: 550 GRIZZLY PEAK BLVD
City-St-Zip: BERKELEY, CA 94708

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KENNY, JACK A
Address: 1442 EAST RIDGEFIELD DRIVE
City-St-Zip: HERNANDO, FL 34442

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 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: JAKENNY

MNGR

01/13/2008

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