


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90221 046 \*\*\*\*50.00

<b>DOCUMENT # L05000006569</b>	
1. Entity Name DOVITA DWELLINGS, LLC	

Principal Place of Business 6415 S. ROBERTS AVE. TAMPA, FL 33616	Mailing Address 2824 W. BROAD ST. TAMPA, FL 33614-3448
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3137223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  HURLEY, PHILLIP D 7118 N. HABANA AVENUE TAMPA, FL 33614	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME STREET ADDRESS CITY - ST - ZIP	MGRM Emilio R. Dominguez 2824 W. Broad Street Tampa, FL 33614-3448 <input type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE / NAME STREET ADDRESS CITY - ST - ZIP	MGRM Phillip D. Hurley 7118 N. Habana Avenue Tampa, FL 33614 <input type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE / NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE / NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE / NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE / NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify 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.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-21-2006 813-309-0636