


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90355 018 ****50.00

DOCUMENT # L05000016399	
1. Entity Name DOLI RALPH, L.L.C.	

Principal Place of Business 16375 N.E. 18 AVENUE, SUITE #304 NORTH MIAMI BEACH, FL 33162	Mailing Address 16375 N.E. 18 AVENUE, SUITE #304 NORTH MIAMI BEACH, FL 33162
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2. Principal Place of Business - No P.O. Box # 16375 NE 18TH	3. Mailing Address 16375 NE 18TH
Suite, Apt. #, etc. AVE # 322	Suite, Apt. #, etc. AVE # 322
City & State N. M. BEACH	City & State N. M. BEACH
Zip 33162	Country USA

02122007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent DICHI, DAVID 16375 N.E. 18 AVENUE, SUITE #304 NORTH MIAMI BEACH, FL 33162	
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7. Name and Address of New Registered Agent Name JOSE SAFDIE Street Address (P.O. Box Number is Not Acceptable) 16375 NE 18TH AVE #322 N. M. BEACH City FL Zip Code 33162	
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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 *[Signature]* DATE 04/07/07
Signature, typed or printed name of registered agent and both applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MEM	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAFDIE, JOSE		NAME STREET ADDRESS	
STREET ADDRESS 16375 N.E. 18 AVENUE, SUITE #304		STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 606, Florida Statutes.

SIGNATURE: *[Signature]* DATE 04/07/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE