


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State


01-22-2008 90118 026 ***138.75

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

Principal Place of Business 16375 N.E. 18TH AVENUE, SUITE #322 NORTH MIAMI BEACH, FL 33162	Mailing Address 16375 N.E. 18TH AVENUE, SUITE #322 NORTH MIAMI BEACH, FL 33162
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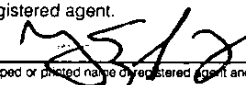
2. Principal Place of Business - No P.O. Box # 19390 COLLINS AVE.	3. Mailing Address 19390 COLLINS AVE
Suite, Apt. #, etc. 525 A	Suite, Apt. #, etc. 525 A

City & State SUNNY ISLES	City & State SUNNY ISLES
Zip FL 33160	Country U.S.A.

	
01162008 Chg-LLC	CR2E083 (12/06)
4. FEI Number NOT APPLICABLE	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 SAFDIE, JOSE 16375 N.E. 18TH AVENUE, SUITE #322 NORTH MIAMI BEACH, FL 33162	
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7. Name and Address of New Registered Agent Name NO AGENT Street Address (P.O. Box Number is Not Acceptable) 19390 COLLINS AVE #525A City SUNNY ISLES FL Zip Code 33160	
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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 	DATE 1/17/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAFDIE, JOSE 16375 N.E. 18 AVENUE, SUITE #304 NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAFDIE, JOSE 19390 COLLINS AVE #525A (33160) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.	
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SIGNATURE: 	DATE 1/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	