## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 02, 2007 8:00 am Secretary of State **DOCUMENT # L05000077031** 05-02-2007 90353 043 \*\*\*\*50.00 1. Entity Name DOSSEY ROAD, LLC Principal Place of Business Mailing Address 400999900 5150 S. FLORIDA AVENUE, STE, 319 PO BOX 5078 LAKELAND, FL 33807 LAKELAND, FL 33813 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5120 S. Florida Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 01262007 CR2E083 (12/06) Chg-LLC Ste. 318 Lakeland, FL 3 City & State 4. FEI Number Applied For 20-3940119 Not Applicable Zip Country 33813 Country USA \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WENDEL, JOHN F 225 EAST LEMON STREET Street Address (P.O. Box Number is Not Acceptable) 336 Lake Harris Dr STE. 351 LAKELAND FL 33801 Zip Code Takeland 33813 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, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE Detete TITLE ☐ Change Addition WENDEL, ALBERT G NAME NAME Ste. 318 5120 S. Florida Ave. STREET ADDRESS 5150 SOUTH FLORIDA AVE SUITE 319 STREET ADDRESS Lakeland, FL 33813 CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-7IP MGRM TITLE Delete TITLE ☐ Change ■ Addition NAME WENDEL, STEPHEN F MAME 336 W. Highland Dr. STREET ADDRESS 225 E. LEMON STREET, STE. 351 STREET ADDRESS Lakeland, FL 33813 CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change ☐ Addition NAME WENDEL, JOHN F 336 W. Highland Dr. STREET ADDRESS 225 E. LEMON STREET, STE. 351 STREET ADDRESS Lakeland, FL 33813 CITY-ST-7IP LAKELAND, FL 33801 CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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