

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032080

Entity Name: DODA LLC

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

2451 BRICKELL AVE  
7 K  
MIAMI, FL 33129

## New Principal Place of Business:

45 SW 24 ROAD  
MIAMI, FL 33129

## Current Mailing Address:

2451 BRICKELL AVE  
7 K  
MIAMI, FL 33129

## New Mailing Address:

45 SW 24 ROAD  
MIAMI, FL 33129

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELISSALT, DAMIAN  
2451 BRICKELL AVE  
7 K  
MIAMI, FL 33129 US

## Name and Address of New Registered Agent:

ELISSALT, DAMIAN  
45 SW 24 ROAD  
MIAMI, FL 33129 US

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: DAMIAN ELISSALT

04/26/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: VOLPATO, SERGIO  
Address: 2451 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33129

Title: MGRM ( ) Delete  
Name: ELISSALT, DAMIAN  
Address: 2451 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VOLPATO, SERGIO  
Address: 45 SW 24 ROAD  
City-St-Zip: MIAMI, FL 33129

Title: MGRM (X) Change ( ) Addition  
Name: ELISSALT, DAMIAN  
Address: 45 SW 24 ROAD  
City-St-Zip: MIAMI, FL 33129

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: DAMIAN ELISSALT

MGRM

04/26/2007

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