2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # L06000090247 1. Entity Name DOROCO, LLC						04-05-2007	90027 0	16 ****5	50.00	
Principal Place of Business Mailing Address					7					
26035 SEMINOLE LAKES BLVD. PUNTA GORDA, FL 33955		26035 SEMINOLE LAKES BLVD. PUNTA GORDA, FL 33955			1	005375	n amila (Gh) për	e ves sisii iši	mbel su (SB)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04022007	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State	City & State		4. FEI Numbe	518552		<u> </u>	oplied For of Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired	<u> </u>	5.00 Add se Require		
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name						
26035 SEM	I, DONNA L MINOLE LAKES BLVD. DRDA, FL 33955		Street Address (P.C			P.O. Box Number is Not Acceptable)				
CONTA CE	, , , , , , , , , , , , , , , , , , ,			City Eg Zip Code						
The above named entity submits this statement for the purpose of ch			rogistere	<u> </u>	ared agent, or bot	h, in the State of Flo	FL rida. I am fa	<u> </u>		
the obligations of registered agent. SIGNATURE										
SIGNATURE	Signature, typid or printed name of registered agent is	nd title il applicable (NOTE	E: Registered	d Agent algnature require	Id when revelating)		DATE			
FI Di	iling Fee is \$50.00 ue by May 1, 2007						e check pa Departme	-	•	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/				
TITLE	MGRM COLBURN, DONNA L	☐ Delete	TITLE					Cyzuge	Addition	
NAME Street address	26035 SEMINOLE LAKES BLVD.			ET ADDRESS					1	
CITY-ST-ZIP	PUNTA GORDA, FL 33955			-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE	E .				☐ Change	☐ Addition	
HAME emery annouses	COLBURN, ROGER A 26035 SEMINOLE LAKES BLVD.		NAME	E EFT ADORESS						
STREET ADDRESS !	PUNTA GORDA, FL 33955			-ST-ZIP						
TILE		☐ Delete	TITLE	E				☐ Change	Addition	
NAME		-	HAME	€					_	
STREET ADDRESS			1	ET ADORESS '-ST-ZIP				-	-	
TITLE	 	∩ Colora	חת					☐ Change	Addition	
NAME		∟ Detete	NAM					☐ 0-4-7-		
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TITLE		Delete	nne			·		☐ Change	Addition	
NAME			NAM						_	
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ATLE		☐ Delete	HILL					Change	Addition	
NAME ATTICKT LANGES			NAM							
STREET ADDRESS CITY-ST-ZIP			CITY	EET ADORESS /-SI-ZIP						
19. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited liability company or the pacetiver or flustee empowerage execute this report as required by Chapter 608. Florida Statutes.										
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SIGNAT	TURE: AND TYPED ON PRINTED MAILE O	W SIGNING MANAGING MEMBER, NJ	WAGER OF	R AUTHORIZED REPREI	BENTATME	4/02/0	7 9°	41-51	15 2129	