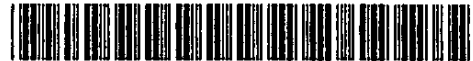


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90133 015 \*\*\*138.75  
04-28-2008 90036 001 \*\*\*138.75

60029750



04232008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000071341</b> 1. Entity Name <b>DOLGIN DONNELLY DAVIS VINCENT LIMITED LIABILITY COMPANY</b>					
Principal Place of Business <b>4714 N. ARMENIA AVENUE, STE. 200 TAMPA, FL 33603</b>			Mailing Address <b>4714 N. ARMENIA AVENUE, STE. 200 TAMPA, FL 33603</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>59-3607874</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DOLGIN, SANFORD R MD 4714 N. ARMENIA AVENUE, STE. 200 TAMPA, FL 33603</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DOLGIN, SANFORD R MD 4714 N. ARMENIA AVENUE, STE. 200 TAMPA, FL 33603</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DONNELLY, KEVIN MD 4714 N. ARMENIA AVENUE, STE. 200 TAMPA, FL 33603</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DAVIS, DEAN MD 4714 N. ARMENIA AVENUE, STE. 200 TAMPA, FL 33603</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VINCENT, DANIEL MD 4714 N. ARMENIA AVENUE, STE. 200 TAMPA, FL 33603</b>	<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				
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.					
<b>SIGNATURE:</b> <b>4/24/08 (813) 872-8794</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					