

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053747

FILED
Apr 27, 2009
Secretary of State

Entity Name: DUSHI ENTERPRISES LLC

Current Principal Place of Business:

4700 SHERIDAN STREET
SUITE J
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

1177 - 1179 8TH STREET S
NAPLES, FL 34102 US

Current Mailing Address:

4700 SHERIDAN STREET
SUITE J
HOLLYWOOD, FL 33021 US

New Mailing Address:

1177 - 1179 8TH STREET S
NAPLES, FL 34102 US

FEI Number: 26-2717692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERARDIN, KARIN S
123 N. KROME AVE
101
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEELEN, ANTHONY M
Address: 4700 SHERIDAN STREET, SUITE J
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGR () Delete
Name: STRAVERS, HELENA M
Address: 4700 SHERIDAN STREET, SUITE J
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEELEN, ANTHONY M
Address: 1177 - 1179 8TH STREET
City-St-Zip: NAPLES, FL 34102 US

Title: MGR (X) Change () Addition
Name: STRAVERS, HELENA M
Address: 1177 - 1179 8TH STREET
City-St-Zip: NAPLES, FL 34102 US

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: ANTHONY PEELEN

MGR

04/27/2009

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