

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002339

FILED  
May 13, 2004  
Secretary of State

Entity Name: DOLLY'S PLACE, LLC

**Current Principal Place of Business:**

24375 NE HIGHWAY 314  
SALT SPRINGS, FL 32134

**New Principal Place of Business:**

25140 NE 133RD ST.  
SALT SPRINGS, FL 32134

**Current Mailing Address:**

P.O. BOX 5108  
SALT SPRINGS, FL 32134

**New Mailing Address:**

FEI Number: 88-0493297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VANSTEEN, JUDYTH  
24375 NE HIGHWAY 314  
SALT SPRINGS, FL 32134 US

**Name and Address of New Registered Agent:**

VANSTEEN, JUDYTH  
25140 NE 133RD ST.  
SALT SPRINGS, FL 32134 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: JUDYTH VANSTEEN

05/13/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FOREST VENTURES,  
Address: 711 S CARSON ST SUITE 4  
City-St-Zip: CARSON CITY, NV 89701

Title: MGRM ( ) Delete  
Name: HOB NOB ENTERPRISES,  
Address: 711 S CARSON ST SUITE 4  
City-St-Zip: CARSON CITY, NV 89701

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HOB NOB ENTERPRISES

TR

05/13/2004

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