

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000000836

1. Entity Name
DOLCE, L.L.C.



Principal Place of Business

**1 ACACIA DRIVE
OAKVILLE, CA 94562**

Mailing Address

**PO BOX 327
OAKVILLE, CA 94562**



02132006 No Chg-LLC

CR2EQ83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-2872278

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOOTH, LYNN
1600 NW 163RD STREET
MIAMI, FL 33169**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NICKEL, ERIK
STREET ADDRESS	573 VALLEJO ST
CITY-ST-ZIP	OAKVILLE, CA 94562
TITLE	MGRM
NAME	HAMPSON, DIRK
STREET ADDRESS	1755 DEAN YORK LANE
CITY-ST-ZIP	SAINT HELENA, CA 94574
TITLE	MGRM
NAME	MAGUIRE, LARRY
STREET ADDRESS	540 MEADOWWOOD LANE
CITY-ST-ZIP	SAINT HELENA, CA 94574
TITLE	MGRM
NAME	HARWOOD, LAURA E
STREET ADDRESS	8801 HOLLYLEAF DRIVE
CITY-ST-ZIP	WINDSOR, CA 94592
TITLE	MGRM
NAME	MORREL, REECE
STREET ADDRESS	5310 EAST 31ST STREET
CITY-ST-ZIP	TULSA, OK 74135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000442632
03/04/06-80025-007 50.00

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

L Harwood CFO

2/16/06

707-944-2861

Date

Daytime Phone #