

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90041 026 \*\*\*138.75

60034925



04292008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # M02000000836</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 74-2872278	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOOTH, LYNN 1600 NW 163RD STREET MIAMI, FL 33169			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	Manager	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NICKEL, ERIK			NAME	Greg Allen		
STREET ADDRESS	1543 MAIN STREET			STREET ADDRESS	1197 Willow Ave.		
CITY-ST-ZIP	NAPA, CA 94559			CITY-ST-ZIP	Napa, CA 94559		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMPSON, DIRK			NAME			
STREET ADDRESS	1755 DEAN YORK LANE			STREET ADDRESS			
CITY-ST-ZIP	SAINT HELENA, CA 94574			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAGUIRE, LARRY			NAME			
STREET ADDRESS	540 MEADOWWOOD LANE			STREET ADDRESS			
CITY-ST-ZIP	SAINT HELENA, CA 94574			CITY-ST-ZIP			
TITLE	<del>MGRM</del> Manager	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARWOOD, LAURA E			NAME			
STREET ADDRESS	8801 HOLLYLEAF DRIVE			STREET ADDRESS			
CITY-ST-ZIP	WINDSOR, CA 94592			CITY-ST-ZIP			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORREL, REECE			NAME			
STREET ADDRESS	4223 E 74TH ST			STREET ADDRESS			
CITY-ST-ZIP	TULSA, OK 74135			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** *Harwood* **4/24/08** **707-467-9600**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #