

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90064 014 ****50.00

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

Principal Place of Business
**1 ACACIA DRIVE
OAKVILLE CA 94562**

Mailing Address
**1 ACACIA DRIVE
OAKVILLE CA 94562**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 327
Suite, Apt. #, etc.

City & State
OAKVILLE CA 94562

Zip Country Zip Country

4. FEI Number **74-2872278** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BOOTH, LYNN
1600 NW 163RD STREET
MIAMI FL 33169**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGUIRE, LARRY 540 MEADOWOOD LANE ST. HELENA CA 94574	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMPSON, DIRK 150 MADRONA ROAD SAINT HELENA CA 94574	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORREL, REECE 5310 E. 31ST ST. TULSA OK	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKEL, GIL #1 ACACIA DRIVE OAKVILLE CA 94562	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARWOOD, LAURA E 8801 HOLLYLEAF DR WINDSOR CA 94592	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER NICKEL, ERIK 573 VALLEJO ST, NAPA CA 94562	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Laura Harwood* **SIGNATURE REQUIRED** **LAURA HARWOOD, CFO AND TREASURER 707-944286**
Date _____ Daytime Phone # _____

CR2E083 (10/02)