

# 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

DOCUMENT # M02000000836



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	<b>P MAGUIRE, LARRY 540 MEADOWOOD LANE ST. HELENA CA 94574</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HAMPSON, DIRK 150 MADRONA ROAD SAINT HELENA CA 94574</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MORREL, REECE 5310 E. 31ST ST. TULSA OK</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NICKEL, GIL #1 ACACIA DRIVE OAKVILLE CA 94562</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HARWOOD, LAURA E 8801 HOLLYLEAF DR WINDSOR CA 94592</b>	<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	<b>PARTNER NICKEL, ERIK 573 VALLEJO ST, NAPA CA 94562</b>	<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)