

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000005147

1. Entity Name
DOLDER LIMITED LLC



Principal Place of Business
CITIBANK BUILDING, 2ND FLOOR
THOMPSON BOULEVARD, P.O. BOX N-1576
NASSAU BAHAMAS, XX

Mailing Address
CITIBANK BUILDING, 2ND FLOOR
THOMPSON BOULEVARD, P.O. BOX N-1576
NASSAU BAHAMAS, XX



02272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 reinstating)

DATE _____

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

000000452337
03/11/06-80023-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ALBACORE INVESTMENTS LIMITED
STREET ADDRESS CITIBANK BLDG, 2ND FLR, THOMPSON BLVD
CITY-ST-ZIP NASSAU, BAHAMAS,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]* ALBACORE INVESTMENTS LIMITED

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

2-27-2006 242-302-8609
Date Daytime Phone #