

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90018 029 ***143.75

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DOCUMENT # M04000005147 1. Entity Name DOLDER LIMITED LLC					
Principal Place of Business 309 SOUTH PHILLIPS AVE SUITE 201 SIOUX FALLS, SD 57104 XX			Mailing Address 309 SOUTH PHILLIPS AVE SUITE 201 SIOUX FALLS, SD 57104 XX		
2. Principal Place of Business - No P.O. Box # 201 S. Phillips Ave. Suite, Apt. #, etc. Suite 200 City & State SIOUX FALLS SD Zip 57104 Country USA		3. Mailing Address 201 S. Phillips Ave. Suite, Apt. #, etc. Suite 200 City & State SIOUX FALLS SD Zip 57104 Country USA		01042008 Chg-LLC CR2E083 (12/06)	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLAUSSEN, KENNETH F MERRICK PLAZA SUITE 201 2199 PONCE DE LEON BLVD CORAL GABLES, FL 33132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE MULBERRY SETTLEMENT <input type="checkbox"/> Delete 309 SOUTH PHILLIPS AVE SUITE 201 SIOUX FALLS, SD 57104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition The Mulberry Settlement 201 S. Phillips Ave., Suite 200 SIOUX FALLS SD 57104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: By: <u>Robin Mary Stephens</u>, Trust officer 01/07/2008 605-271-5022 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					