

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000059224

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** DORAL PALMS BUSINESS PARK LLC

**Current Principal Place of Business:**

1800 SW 27 AVENUE  
SUITE 201  
MIAMI, FL 33145

**New Principal Place of Business:**

141 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1800 SW 27 AVENUE  
SUITE 201  
MIAMI, FL 33145

**New Mailing Address:**

141 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**FEI Number:** 20-1600840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FONTE, AUGUSTO  
1800 SW 27 AVENUE  
SUITE 201  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

FONTE, AUGUSTO  
141 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

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.

SIGNATURE:

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VF DORAL LLC,  
Address: 1800 SW 27 AVENUE STE. 201  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VF DORAL LLC,  
Address: 141 ALMERIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AUGUSTO FONTE

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date