

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90191 048 \*\*\*\*50.00

<b>DOCUMENT # L00000004791</b>									
<b>1. Entity Name</b> DORAL RETAIL CENTER HOLDINGS, LLC									
<b>Principal Place of Business</b> 1666 KENNEDY CAUSEWAY SUITE 610 NORTH BAY VILLAGE, FL 33141			<b>Mailing Address</b> 1666 KENNEDY CAUSEWAY SUITE 610 NORTH BAY VILLAGE, FL 33141						
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	02272007    Chg-LLC    CR2E083 (12/06)					
<b>4. FEI Number</b> 65-1006589				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable		
Applied For									
Not Applicable									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>						
SIMS, BAMBI 1666 KENNEDY CAUSEWAY SUITE 610 NORTH BAY VILLAGE, FL 33141			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> </td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
Name									
Street Address (P.O. Box Number is Not Acceptable)									
City									
<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>									
<b>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.</b>									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____									
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>							
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THE STONE PROPERTIES, INC. 1666 KENNEDY CAUSEWAY # 610 NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIMS, BAMBI 1666 KENNEDY SCWAY 610 MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Bambi Sims 1666 Kennedy Cswy., #610 North Bay Village, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
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"/> Change <input type="checkbox"/> Addition							
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"/> Change <input type="checkbox"/> Addition							
<b>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.</b>									
<b>SIGNATURE:</b> <u>Bambi Sims</u> <u>3/6/07</u> <u>305-868-5881</u>									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #									