

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000014530
 1. Entity Name
 DORAL ISLES, L.L.C.

Principal Place of Business ONE INDEPENDENT DRIVE, SUITE 2210 JACKSONVILLE FL 32202	Mailing Address ONE INDEPENDENT DRIVE, SUITE 2210 JACKSONVILLE FL 32202
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2. Principal Place of Business ONE INDEPENDENT DR Suite, Apt. #, etc. SUITE 2210	3. Mailing Address ONE INDEPENDENT DR Suite, Apt. #, etc. SUITE 2210
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL

DO NOT WRITE IN THIS SPACE

Zip 32202	Country US	Zip 32202	Country US
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4. FEI Number **59-3682747**
 Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 SURFACE J. FRANK JR.
 ONE INDEPENDENT DRIVE, SUITE 2210
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 Name SURFACE J. FRANK JR.
 Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DR
 SUITE 2210
 City JACKSONVILLE FL Zip Code 32202

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.

SIGNATURE **J. FRANK SURFACE, JR.** DATE **04/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	MORTGAGE ADVISORS, INC.		
STREET ADDRESS	ONE INDEPENDENT DRIVE, SUITE 2210		
CITY-ST-ZIP	JACKSONVILLE FL 32202		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS / CHANGES			
TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORTGAGE ADVISORS, INC.		
STREET ADDRESS	ONE INDEPENDENT DRIVE, SUITE 2210		
CITY-ST-ZIP	JACKSONVILLE FL 32202		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: J. Frank Surface Jr. MGR Date **04/19/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)