

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 City & State JACKSONVILLE FL	3. Mailing Address ONE INDEPENDENT DR Suite, Apt. #, etc. SUITE 2210 City & State JACKSONVILLE FL
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4. FEI Number 59-3682747	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

Zip 32202	Country US	Zip 32202	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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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
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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.** **04/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORTGAGE ADVISORS, INC. ONE INDEPENDENT DRIVE, SUITE 2210 JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORTGAGE ADVISORS, INC. ONE INDEPENDENT DRIVE, SUITE 2210 JACKSONVILLE FL 32202 <input checked="" 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
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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 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 **04/19/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)