


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90502 016 \*\*\*\*50.00

<b>DOCUMENT #</b> L01000013775	
<b>1. Entity Name</b> DORIAL MANAGEMENT, LLC	

<b>Principal Place of Business</b> 122 W DILIDO DR MIAMI BEACH FL 33139	<b>Mailing Address</b> 122 W DILIDO DR MIAMI BEACH FL 33139
---	---

<b>2. Principal Place of Business</b> 305 W. Dilido Drive Suite, Apt. #, etc.	<b>3. Mailing Address</b> 305 W. Dilido Drive Suite, Apt. #, etc.
---	---

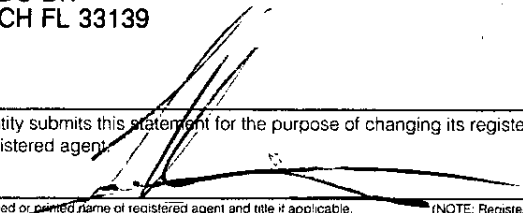
<b>City &amp; State</b> Miami Beach, FL 33139	<b>City &amp; State</b> Miami Beach, FL
<b>Zip</b> 33139	<b>Country</b> USA
<b>Zip</b> 33139	<b>Country</b> USA

<b>4. FEI Number</b> 65-1130771	<b>Applied For</b> <input type="checkbox"/> 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> GIUSSANI, LUCA 122 W DILIDO DR MIAMI BEACH FL 33139
---

<b>7. Name and Address of New Registered Agent</b> Name: GIUSSANI, LUCA Street Address (P.O. Box Number is Not Acceptable): 305 W. DILIDO DR City: MIAMI BEACH FL Zip Code: 33139
--

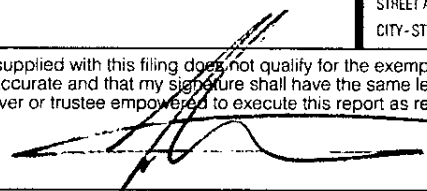
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: 04-01-04
---	----------------

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>
--

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> GIUSSANI, LUCA 122 W DILIDO DR MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> GIUSSANI, LUCA 305 W. DILIDO DR MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> 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 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.</b>
--

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: 04-01-04	DAYTIME PHONE #
--	----------------	-----------------