



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000019347</b> 1. Entity Name DORAN-KENDALL, LLC	
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Principal Place of Business 11801 SW 90 ST STE 101 MIAMI, FL 33186	Mailing Address 11801 SW 90 ST STE 101 MIAMI, FL 33186
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**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 54-2072915	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent


STANZIOLA, ROSANA  
11801 SW 90TH ST  
MIAMI, FL 33186

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

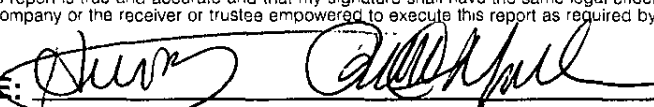
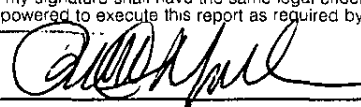
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANZIOLA, FELIX 11801 SW 90TH ST STE 101 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANZOLIA, ROSANA 11801 SW 90TH AVE STE 101 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**  

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MEMBER, OR AUTHORIZED REPRESENTATIVE Date **305-371-9213** Daytime Phone #

**Felix A. Stanziola, Manager**