


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90073 019 ****50.00

DOCUMENT # L02000024733

1. Entity Name
 DORAL CENTER, L.L.C.



Principal Place of Business
 % ALAN E. KRINZMAN, ESQ/ADORNO & YOSS, P.A./2601 S. BAYSHORE DR, STE 1600 MIAMI, FL 33133

Mailing Address
 % ALAN E. KRINZMAN, ESQ/ADORNO & YOSS, P.A./2601 S. BAYSHORE DR, STE 1600 MIAMI, FL 33133



2. Principal Place of Business
 8930 S.W. 115th Terrace
 Suite, Apt. #, etc.

3. Mailing Address
 8930 S.W. 115th Terrace
 Suite, Apt. #, etc.

05212004 Chg-LLC CR2E083 (10/03)

City & State
 Miami Florida

City & State
 Miami Florida

Zip
 33176

Country

Zip
 33176

Country

4. FEI Number
 01-0748639

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KRINZMAN, ALAN E
 ADORNO & YOSS, P.A.
 2601 S. BAYSHORE DRIVE, SUITE 1600
 MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HECTORE, LLC %ALAN E KRINZMAN/2601 S BAYSHORE DR MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hectare, LLC c/o Alan E. Krinzman 8930 S.W. 115th Terrace Miami, FL 33176	<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
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: Alan E. Krinzman Mgr 6/17/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: _____ Daytime Phone #: _____