


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90069 049 \*\*\*\*55.00

DOCUMENT # L03000019199	
1. Entity Name DOREEMAL, LLC	

Principal Place of Business C/O CHARLES A. VON STEIN, INC. 2770 INDIAN RIVER BLVD., SUITE 316 VERO BEACH, FL 32960	Mailing Address C/O CHARLES A. VON STEIN, INC. 2770 INDIAN RIVER BLVD., SUITE 316 VERO BEACH, FL 32960
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2. Principal Place of Business - No P.O. Box # 333-17th STREET	3. Mailing Address 333-17th STREET
Suite, Apt. #, etc. SUITE 2 E	Suite, Apt. #, etc. SUITE 2 E
City & State VERO BEACH, FL	City & State VERO BEACH, FL
Zip 32960	Country INDIAN RIVER



04102007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent FROMBERG, MALCOLM H ESQ TWO GROVE ISLE DR., PH-1 COCONUT GROVE, FL 33133	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

4. FEI Number 14-1887091	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FROMBERG, MALCOLM TWO GROVE ISLE DRIVE, PH-1 COCONUT GROVE, FL 33133 <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
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 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: KE non Authorized Rep. 4-25-07 772-778-4885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #