


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90067 018 ****50.00

DOCUMENT # L03000022788					
1. Entity Name DORNELLES INVESTMENTS, LLC					
Principal Place of Business 2655 LEJEUNE ROAD SUITE 909 CORAL GABLES, FL 33134 US			Mailing Address 2655 LEJEUNE ROAD SUITE 909 CORAL GABLES, FL 33134 US		
2. Principal Place of Business 2030 Douglas Rd Suite, Apt. #, etc. 207 City & State Coral Gables, FL.		3. Mailing Address 2030 Douglas Rd. Suite, Apt. #, etc. 207 City & State Coral Gables, FL.		01232006 Chg-LLC CR2E083 (11/05)	
Zip 33134		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BAKER, RONALD G 2655 LEJEUNE RD. SUITE 201 CORAL GABLES, FL 33134			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DORNELLES, JORGE 2655 LEJEUNE RD. # 909 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DORNELLES, JORGE 2030 DOUGLAS RD -SUITE 207 CORAL GABLES, FL. 33134	<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
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date _____ Daytime Phone # _____	