


FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000025832 1. Entity Name B & JCM DORAL DEVELOPMENT, L.L.C.				Secretary of S	
Principal Place of Business 3805 N.W. 107 AVE., STE. 123 MIAMI, FL 33178		Mailing Address P.O. 560683 MIAMI, FL 33256			
DO NOT WRITE IN THIS SPACE		<div style="text-align: right;"> 04192007 No Chg-LLC CR2E083 (11/05) </div>			
		4. FEI Number 90-0099892		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent QUESADA, G. FRANK ESQ. 1313 PONCE DE LEON BLVD, STE. 200 CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007					
9. MANAGING MEMBERS/MANAGERS		<div style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div> <div style="margin-top: 50px;"> U000000744251 05/15/07-80141-015 50.00 </div>			
TITLE	MGR				
NAME	BENTEL CORPORATION				
STREET ADDRESS	P.O. BOX 560683				
CITY-ST-ZIP	MIAMI, FL 33256				
TITLE	MGR				
NAME	VIFERE CORP.				
STREET ADDRESS	P.O. BOX 560683				
CITY-ST-ZIP	MIAMI, FL 33256				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: _____		Date 4/27/07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>					