

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000027630 1. Entity Name DORAL EXECUTIVE MANAGEMENT, LLC	
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Principal Place of Business 4601 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33134	Mailing Address 4601 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33134
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02142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 27-0064762	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOENIGSBERG, JAY 1101 BRICKELL AVENUE, SUITE 800-SOUTH MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

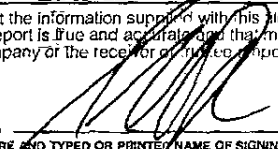
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERRIN, ROBERT G 4601 PONCE DE LEON BLVD. #300 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, ISAAC K 4601 PONCE DE LEON BLVD #300 CORAL GABLES, FL 33146
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02/19/05-80026-011 50.00

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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:  **2/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #