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

Principal Place of Business	Mailing Address
4601 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33134	4601 PONCE DE LEON BLVD., SUITE 300 CORAL GABLES, FL 33134

02142005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ 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 May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	PD
NAME	BERRIN, ROBERT G
STREET ADDRESS	4601 PONCE DE LEON BLVD. #300
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	FISHER, ISAAC K
STREET ADDRESS	4601 PONCE DE LEON BLVD #300
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #