

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L03000035407

1. Entity Name  
DORADO KISSIMMEE LLC



**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90015 047 \*\*\*\*50.00

Principal Place of Business  
550 MAMARONECK AVE.  
HARRISON, NY 10528

Mailing Address  
5410 HOMBERG DRIVE STE A  
KNOXVILLE, TN 37932



02252005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-1981843

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.  
802 11TH ST. WEST  
BRADENTON, FL 34205

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME DORADO REALTY CO. A FL GENERAL PARTNERSHIP  
STREET ADDRESS 550 MAMARONECK AVE STE 404  
CITY-ST-ZIP MAMARONECK, NY 10528

TITLE P  
NAME KAYDEN, BERNARD H  
STREET ADDRESS 550 MAMARONECK AVE STE 404  
CITY-ST-ZIP HARRISON, NY 10328

TITLE VP  
NAME LEVIN, STEVEN  
STREET ADDRESS 21301 POWERLING RD STE 312  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Steven Levin, Vice President

Date

3/21/05

Daytime Phone #