


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90049 025 ****50.00

DOCUMENT # L03000035407 1. Entity Name DORADO KISSIMMEE LLC					
Principal Place of Business 550 MAMARONECK AVE. HARRISON, NY 10528			Mailing Address 5410 HOMBERG DRIVE STE A KNOXVILLE, TN 37932		
2. Principal Place of Business 925 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 425 City & State BOCA RATON, FL		3. Mailing Address Suite, Apt. #, etc. City & State Zip 33432		4. FEI Number 34-1981843	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH ST. WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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	MGRM DORADO REALTY CO. A FL GENERAL PARTNERSHIP 550 MAMARONECK AVE STE 404 MAMARONECK, NY 10528 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAYDEN, BERNARD H 550 MAMARONECK AVE STE 404 HARRISON, NY 10328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEVIN, STEVEN 21301 POWERLING RD STE 312 BOCA RATON, FL 33433 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEVIN, STEVEN 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33432 <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	
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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE _____			Steven Levin, Vice President <u>3/13/06</u> (561) 948-7100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		