

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # L03000035407

1. Entity Name
DORADO KISSIMMEE LLC



Principal Place of Business
**925 S FEDERAL HIGHWAY
SUITE 425
BOCA RATON, FL 33432**

Mailing Address
**5410 HOMBERG DRIVE STE A
KNOXVILLE, TN 37932**



02062007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEVIN, STEVEN
925 S FEDERAL HWY., SUITE 425
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000647157
03/06/07-80061-005 \$0.00

**DO NOT WRITE
IN THIS SPACE**

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 _____

Steven Levin, Vice President

2/14/07

(561) 948-7100

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

Date

Daytime Phone #