

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035407

Entity Name: DORADO KISSIMMEE LLC

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

925 S FEDERAL HIGHWAY
SUITE 425
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

5410 HOMBERG DRIVE STE A
KNOXVILLE, TN 37932

New Mailing Address:

P.O. BOX 11229
KNOXVILLE, TN 37939

FEI Number: 34-1981843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DORADO REALTY CO. A, FL GENERAL PAR T NERSHIP
Address: 550 MAMARONECK AVE STE 404
City-St-Zip: MAMAROKNECK, NY 10528

Title: P () Delete
Name: KAYDEN, BERNARD H
Address: 550 MAMARONECK AVE STE 404
City-St-Zip: HARRISON, NY 10328

Title: VP () Delete
Name: LEVIN, STEVEN
Address: 925 S FEDERAL HWY., SUITE 425
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

VP

02/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date