

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040760

FILED
Apr 27, 2007
Secretary of State

Entity Name: E.I. AT DORAL, L.L.C.

Current Principal Place of Business:

2315 N.W. 107TH AVE., S TE. 1M-17
BOX 52
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

2315 N.W. 107TH AVE., S TE. 1M-17
BOX 52
MIAMI, FL 33172

New Mailing Address:

FEI Number: 90-0126470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURAN, ALFREDO G
2601 S. BAYSHORE DR., STE. 1400
MIAMI, FL 33133 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: MGR () Delete
Name: AMBARD, LEONARDO
Address: 2315 N.W. 107TH AVE., STE. 1M-17
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: MUHAMMAD, ADEL
Address: 2315 N.W. 107TH AVE., STE. 1M-17
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: VILLAR, PEDRO F
Address: 235 ALTARA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: VILLAR, PEDRO F
Address: 323 NAVARRE AVE STE108
City-St-Zip: CORAL GABLES, FL 33134

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: PEDRO VILLAR

MGR

04/27/2007

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