

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90083 012 \*\*\*\*50.00

DOCUMENT # L03000047650



1. Entity Name  
 DORANDA, LLC

Principal Place of Business  
 C/O ROBERT ALLEN LAW  
 604 BRICKELL KEY DRIVE, SUITE 805  
 MIAMI, FL 33134

Mailing Address  
 C/O ROBERT ALLEN LAW  
 604 BRICKELL KEY DRIVE, SUITE 805  
 MIAMI, FL 33134



2. Principal Place of Business  
 1441 Brickell Avenue  
 Suite, Apt. #, etc.  
 SUITE 1014

3. Mailing Address  
 1441 Brickell Avenue  
 Suite, Apt. #, etc.  
 SUITE 1014

04012004 Chg-LLC CR2E083 (10/03)

City & State  
 Miami, FL

City & State  
 Miami, FL

4. FEI Number  
 27-0072761

Applied For  
 Not Applicable

Zip  
 33131

Country  
 US

Zip  
 33131

Country  
 US

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROBERT ALLEN LAW  
 604 BRICKELL KEY DRIVE, SUITE 805  
 MIAMI, FL 33134

7. Name and Address of New Registered Agent  
 Name  
 ROBERT ALLEN LAW  
 Street Address (P.O. Box Number is Not Acceptable)  
 1441 Brickell Avenue  
 Suite 1014  
 City  
 Miami FL Zip Code  
 33131

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]* By: Robert N. Allen Jr. PRESIDENT 4-29-04  
 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, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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
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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 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]* Robert N. Allen Jr. 4-29-04 305 372 3300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #