

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90056 042 ****50.00

DOCUMENT # L03000047650					
1. Entity Name DORANDA, LLC					
Principal Place of Business 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131			Mailing Address 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131		
2. Principal Place of Business 1441 BRICKELL AVE Suite, Apt. #, etc. SUITE 1400		3. Mailing Address 1411 BRICKELL AVE Suite, Apt. #, etc. SUITE 1400			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 27-0072761	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT ALLEN LAW 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE SUITE 1400 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERALTA, ERNESTO 1441 BRICKELL AVE #1014 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peralta, Ernesto 1441 Brickell Avenue Miami, FL 33131	<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
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 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:			Umberto Bonavita 4/27/05 305-372-3300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		