MAR-23-2005 10:35 PALMER PALMER & MANGIERO

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
03-25-2005 90133 012 ****55.00

30003667

DOCUMENT # L04000019354

1. Entity Name
CASA DORAL LLC

Principal Place of Business	Mailing Address
325 CORAL WAY FORT LAUDERDALE, FL 33301	325 CORAL WAY FORT LAUDERDALE, FL 33301 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2227640 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PALMER, PAUL
12790 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156

7. Name and Address of New Registered Agent
Name: PATSY CAMPOLA
Street Address (P.O. Box Number is Not Acceptable): 325 CORAL WAY
City: FT. LAUDERDALE FL Zip Code 33301

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 PATSY CAMPOLA [signature] 3-23-2005
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMPOLA, PATSY		NAME	
STREET ADDRESS	325 CORAL WAY		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMPOLA, MAUREEN		NAME	
STREET ADDRESS	325 CORAL WAY		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: PATSY CAMPOLA [signature] 3-23-05 954 462-6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #