

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90385 005 \*\*\*\*50.00

<b>DOCUMENT # L04000025509</b> 1. Entity Name <b>RIO DORAL, LLC</b>			
Principal Place of Business <b>8880 N.W. 20TH STREET, SUITE F</b> <b>MIAMI, FL 33172</b>  <b>New-10845 NW 29 St</b>		Mailing Address <b>8880 N.W. 20TH STREET, SUITE F</b> <b>MIAMI, FL 33172</b>	
2. Principal Place of Business <b>10845 NW 29 St</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>P.O. Box 142161</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Miami- Florida</b> <small>Zip Country</small> <b>33172 USA</b>		City & State <b>Coral Gables, Fl.</b> <small>Zip Country</small> <b>33114-2161 USA</b>	
4. FEI Number <b>81-0648673</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		03082005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent <b>TALAMAS, JAMES</b> <b>8880 N.W. 20TH STREET, SUITE F</b> <b>MIAMI, FL 33172</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10845 NW 29 St</b>  <b>Miami- Florida 33172</b> <small>City Zip Code</small> <b>Miami FL 33172</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGRM</b> <input type="checkbox"/> Delete NAME <b>TALAMAS, JAMES</b> STREET ADDRESS <b>8880 N.W. 20TH STREET, SUITE F</b> CITY-ST-ZIP <b>MIAMI, FL 33172</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <b>10845 NW 29 St</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Miami, Fl. 33172</b> 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
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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.			
<b>SIGNATURE:</b>		<b>3/8/05 305-591-9990</b> <small>Date Daytime Phone #</small>	