2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 13, 2006 08:00 AM Secretary of State DOCUMENT # L04000025509 1. Entity Name RIO DORAL, LLC Principal Place of Business Mailing Address 10845 NORTHWEST 29 STREET P.O. BOX 142161 MIAMI, FL 33172 US CORAL GABLES, FL 33114-2161 US 01092006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 81-0648673 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TALAMAS, JAMES DO NOT WRITE 10845 NORTHWEST 29 STREET MIAMI, FL 33172 IN THIS SPACE 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 access the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE TALAMAS, JAMES NAME 10845 NORTHWEST 29 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 U00000385993 01/18/06-80037-021 50.00 TITLE NAME STREET ADDRESS GITY - ST- 7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, 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 comparty or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ED REPRESENTATIVE

Pate Davime Propert

FILED