


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000045299	
1. Entity Name DONER, LLC	

ACCOUNTS PAYABLE DEPT.
2007 FEB 12 P 3:27

RECEIVED



01052007 No Chg-LLC CR2E083 (11/05)

Principal Place of Business COMMERCEBANK TRUST COMPANY 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 US	Mailing Address COMMERCEBANK TRUST COMPANY 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CTC MANAGEMENT SERVICES, LLC 220 ALHAMBRA CIR, 11TH FL CORAL GABLES, FL 33134
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**DO NOT WRITE
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 accept the obligations of registered agent.

SIGNATURE _____
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMMERCEBANK TRUST COMPANY, N.A. 220 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134
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02/26/07-90309-010-\$55.00

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IN THIS SPACE**

FILED
2007 MAR 19 AM 9:30
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

11. I hereby certify that the information supplied with this filing 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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Commercebank Trust Company, N.A. as Manager
SIGNATURE: 1) *[Signature]* 2) *[Signature]* 1-5-2007 (305) 441-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #