

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047165

Entity Name: DORAL ISLE TITLE, LLC

FILED  
May 01, 2006  
Secretary of State

**Current Principal Place of Business:**

1200 BRICKELL AVENUE  
1620  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1200 BRICKELL AVENUE  
#1620  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 27-0099747      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

EXPOSITO, EDUARDO A  
1200 BRICKELL AVENUE  
1620  
MIAMI, FL 33131 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MEMB ( ) Delete  
Name: EXPOSITO, EDUARDO A  
Address: 1200 BRICKELL AVENUE, #1620  
City-St-Zip: MIAMI, FL 33131

Title: MANG ( ) Delete  
Name: EXPOSITO, EDUARDO A  
Address: 1200 BRICKELL AVENUE, #1620  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDUARDO EXPOSITO

MEM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date