

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059214

**FILED**  
**Apr 04, 2006**  
**Secretary of State**

**Entity Name:** VF DORAL LLC

**Current Principal Place of Business:**

1800 SW 27 AVENUE STE. 201  
MIAMI, FL 33145

**New Principal Place of Business:**

1800 SW 27 AVENUE  
SUITE 201  
MIAMI, FL 33145

**Current Mailing Address:**

1800 SW 27 AVENUE STE. 201  
MIAMI, FL 33145

**New Mailing Address:**

1800 SW 27 AVENUE  
SUITE 201  
MIAMI, FL 33145

FEI Number: 20-1600334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FONTE, AUGUSTO  
1800 SW 27 AVENUE STE. 201  
MIAMI, FL 33145 US

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

FONTE, AUGUSTO  
1800 SW 27 AVENUE  
SUITE 201  
MIAMI, FL 33145 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: AUGUSTO FONTE

04/04/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FONTE, AUGUSTO  
Address: 1800 SW 27 AVENUE STE. 201  
City-St-Zip: MIAMI, FL 33145

Title: MGRM ( ) Delete  
Name: VIVO, RENE  
Address: 1800 SW 27 AVENUE STE. 201  
City-St-Zip: MIAMI, FL 33145

**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: AUGUSTO FONTE

MGRM

04/04/2006

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