

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059214

Entity Name: VF DORAL LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1800 SW 27 AVENUE
SUITE 201
MIAMI, FL 33145

New Principal Place of Business:

141 ALMERIA AVE
CORAL GABLES, FL 33134

Current Mailing Address:

1800 SW 27 AVENUE
SUITE 201
MIAMI, FL 33145

New Mailing Address:

141 ALMERIA AVE
CORAL GABLES, FL 33134

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
SUITE 201
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

FONTE, AUGUSTO
141 ALMERIA AVE
CORAL GABLES, FL 33134 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:

04/30/2007

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: MGRM (X) Change () Addition
Name: FONTE, AUGUSTO
Address: 141 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change () Addition
Name: VIVO, RENE
Address: 141 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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 J FONTE

MGRM

04/30/2007

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