

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059214

Entity Name: VF DORAL LLC

FILED
Feb 11, 2008
Secretary of State

Current Principal Place of Business:

141 ALMERIA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

262 ALMERIA AVE
STE 210
CORAL GABLES, FL 33134

Current Mailing Address:

141 ALMERIA AVE
CORAL GABLES, FL 33134

New Mailing Address:

262 ALMERIA AVE
STE 210
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
141 ALMERIA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FONTE, AUGUSTO
262 ALMERIA AVE
STE 210
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:

02/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FONTE, AUGUSTO
Address: 262 ALMERIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change () Addition
Name: VIVO, RENE
Address: 262 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 FONTE

MGRM

02/11/2008

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