

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000002256

**FILED**  
**Mar 31, 2006**  
**Secretary of State**

**Entity Name:** DORAL DEVELOPMENT AT 104, LLC

**Current Principal Place of Business:**

13943 SW 119 AVENUE  
MIAMI, FL 33186

**New Principal Place of Business:**

13943 SW 119 AVENUE  
MIAMI, FL 331866202

**Current Mailing Address:**

13943 SW 119 AVENUE  
MIAMI, FL 33186

**New Mailing Address:**

13943 SW 119 AVENUE  
MIAMI, FL 331866202

**FEI Number:** 20-2148983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAZDAY, SALOMON JR, P.A  
2655 LEJEUNE ROAD, PENTHOUSE 2  
MIAMI, FL 33134 US

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

HAZDAY, SALOMON JR, P.A  
2655 LEJEUNE ROAD  
PENTHOUSE 2  
MIAMI, 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:**

03/31/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** THE KIMBALL GROUP, L, LC  
**Address:** 13943 SW 119 AVENUE  
**City-St-Zip:** MIAMI, FL 33186

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** THE KIMBALL GROUP, L, LC  
**Address:** 13943 SW 119 AVENUE  
**City-St-Zip:** MIAMI, FL 331866202

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:** GUS VILOMAR

MGR

03/31/2006

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