2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000008758

1. Entity Name MT. DORA ROASTING, LLC



FILED Jul 10, 2007 08:00 AM Secretary of State

Principal Place of Business

198 501 NO. ORLANOD AVE., SUITE 313 WINTER PARK, FL 32789 Mailing Address

198 501 NO. ORLANOD AVE., SUITE 313 WINTER PARK, FL 32789



DO NOT WRITE IN THIS SPACE

07052007 No Chg-LLC CR2E083 (11/05)

4. FEI Number	 Applied For
20-2240810	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

SIGNATURE:

DO NOT WRITE IN THIS SPACE

5707

	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable.	(NOTE, Registered Agent signature required when reinstaling)	DATE
Fii Due i	ling Fee is \$50.00 by September 14, 2007		
9.	MANAGING MEMBERS/MANAGERS	-	-
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM ENTERTAINMENT LEISURE, LLC 198 501 NO. ORLANOD AVE., SUITE 313 WINTER PARK, FL 32789		
THE NAME STREET ADDRESS CHY-ST-ZIP			U00000767550 07/10/07-80009-003 50.00
igle Name Street adoress Caty-St-Zp		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		w IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	gright for any more and a second section of the sec
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature sitability company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter tall have the same legal effect as if made under oute this report as required by Chapter 608, Flor	119, Florida Statutes, I further certify that the information oath; that I am a managing member or manager of the ida Statutes.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE