2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-26-2006 90147 029 ****50.00

DOCUMENT # L05000114049

1. Entity Name
DORA BAY, LLC

Principal Place of Business	Mailing Address
605 LINCOLN RD. 5TH FLOOR MIAMI BEACH, FL 33139	605 LINCOLN RD. 5TH FLOOR MIAMI BEACH, FL 33139

03132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
605 LINCOLN RD.		605 LINCOLN RD.	
Suite, Apt #, etc. 5TH FLOOR		Suite, Apt #, etc. 5TH FLOOR	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33139	Country USA	Zip 33139	Country USA

4. FEI Number 20-3867138 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAZAR, BRUCE E
605 LINCOLN RD. 5TH FLOOR
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name LAZAR, BRUCE E.
Street Address (P.O. Box Number is Not Acceptable) 605 LINCOLN RD.
5TH FLOOR
City MIAMI BEACH FL Zip Code 33139

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] BRUCE E. LAZAR 4/18/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAULA LOWENSTEIN-BOANO 605 LINCOLN RD - 5TH FLOOR MIAMI BEACH, FL 33139 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 [signature] PAULA LOWENSTEIN-BOANO, Managing Member 4/18/06 305 532-1215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #