


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90026 010 \*\*\*138.75

DOCUMENT # L06000019848


1. Entity Name  
 DORAL MITAMOL INVESTMENT, LLC



Principal Place of Business 10817 INDIAN TRAIL COOPER CITY, FL 33328	Mailing Address 10817 INDIAN TRAIL COOPER CITY, FL 33328
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**DO NOT WRITE IN THIS SPACE**

60038561



04282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4430622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BELIARD, FRED M  
 10817 INDIAN TRAIL  
 COOPER CITY, FL 33328

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

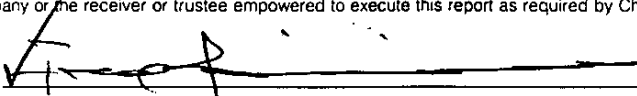
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BELIARD, FRED M 10817 INDIAN TRAIL COOPER CITY, FL 33328
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**DO NOT WRITE IN THIS SPACE**

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:  DATE: 04/30/08 DAYTIME PHONE: 304-342-9630

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