2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088779

Entity Name: DORIA INVESTMENTS, LLC

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15205 COLLIER BLVD., SUITE 107 NAPLES, FL 34119

Current Mailing Address: New Mailing Address:

15205 COLLIER BLVD., SUITE 107 15215 COLLIER BLVD., SUITE 311

NAPLES, FL 34119 PMB # 301 NAPLES, FL 34119

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

DORIA, ALBERT JR. 15205 COLLIER BLVD., SUITE 107 NAPLES, FL 34119 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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: DORIA, ALBERT JR. Name: DORIA JR., ALBERT Address: 15205 COLLIER BLVD., SUITE 107 Address: 888 GRAND RAPIDS BLVD.

 Address:
 15205 COLLIER BLVD., SUITE 107
 Address:
 888 GRAND RAPIDS BLVD.

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPLES, FL 34120 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: DORIA, MARIO Name: DORIA, MARIO
Address: 15205 COLLIER BLVD.. SUITE 107 Address: 889 GRAND RAPIDS BLVD.

City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34120 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:DORIA, VERONICAName:DORIA, VERONICAAddress:15205 COLLIER BLVD., SUITE 107Address:2560 GOLDEN GATE BLVD.

City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34117 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: DORIA, ALBERT Name: DORIA, ALBERT

 Address:
 15205 COLLIER BLVD., SUITE 107
 Address:
 2560 GOLDEN GATE BLVD.

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPLES, FL 34117 US

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: ALBERT DORIA, JR MGRM 01/05/2007