

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013126

Entity Name: RICE DORAL, LLC

FILED
Mar 05, 2008
Secretary of State

Current Principal Place of Business:

1521 ALTON RD. #624
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1521 ALTON RD. #624
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-8431327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHAEMI BIDGOLI, AMIR
7225 NORTHWEST 12 STREET
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

SHABANI, ESMAEIL
1521 ALTON ROAD
624
MIAMI BEACH, FL 33139 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: ESMAEIL SHABANI

03/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RICE CENTRAL, LLC,
Address: 1521 ALTON RD. #624
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: SHABANI, JAFAR
Address: 1521 ALTON RD. #624
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: SHABANI, ESMAEIL
Address: 1521 ALTON RD. #624
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ESMAEIL SHABANI

MGRM

03/05/2008

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