

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036681

Entity Name: DORAL RESERVE, LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

11246 NW 59 TERR  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

11246 NW 59 TERR  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BARINAS AND ASSOCIATES, INC.  
5701 NW 36 ST  
MIAMI, FL 33166 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

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: MONSALVO, FERNANDO H  
Address: CALLE ARTURO MICHELENA RESIDENCIAS SOHO  
City-St-Zip: URBANIZACION LOS NARANJOS DE, CA CARACAS VE

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

Title: MGRM ( ) Delete  
Name: VACA DE MONSALVO, MARIA A  
Address: CALLE ARTURO MICHELENA RESIDENCIAS SOHO  
City-St-Zip: URBANIZACION LOS NARANJOS DE, CA CARACAS VE

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: FERNANDO H MONSALVO

MR

05/01/2009

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