


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90023 001 ****55.00

DOCUMENT # M02000003304	
1. Entity Name DORADO IMPERIAL, LLC	

DO NOT WRITE IN THIS SPACE

24064971

2. Principal Place of Business 2248 Meridian Blvd. Suite, Apt. #, etc. H City & State Minden, Nevada Zip 89423 Country U.S.A.	3. Mailing Address 2248 Meridian Blvd. Suite, Apt. #, etc. H City & State Minden, Nevada Zip 89423 Country U.S.A.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1559916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name PARACORP INCORPORATED		
Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6th Ave.		
City TALLAHASSEE	FL	Zip Code 32303

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, typed or printed name of registered agent and title if applicable **DATE** _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM ELLIOT, BERT 2248 Meridian Blvd, Suite H Minden, NV 89423	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Elliot, Norvy 2248 Meridian Blvd, Suite H Minden, NV 89423	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(Signature)
(NORVY S. Elliot)

4/28/04 (845) 368-4763
Date Daytime Phone #

CR2E083B (12/02)