

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000003304

1. Entity Name
DORADO IMPERIAL, LLC



Principal Place of Business
2248 MERIDIAN BLVD
STE H
MINDEN, NV 89423

Mailing Address
2248 MERIDIAN BLVD
STE H
MINDEN, NV 89423



01242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
42-1559916

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
236 EAST 6TH AVE.
TALLAHASSEE, FL 32303

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

05/05/05 00045 011 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ELLIOT, BERT
2248 MERIDIAN BLVD
MINDEN, NV 89423

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ELLIOT, NORVY S
2248 MERIDIAN BLVD
MINDEN, NV 89423

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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, OR AUTHORIZED REPRESENTATIVE

(NORVY S. ELLIOT)

4/27/05 (845) 708-8820

Date

Daytime Phone #