

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90020 010 ****50.00

| | | | | | |
|---|---------|-----|---|---|--|
| DOCUMENT # M02000003420 | | | |  | |
| 1. Entity Name DORNA USA, LLC | | | | | |
| Principal Place of Business 800 THIRD AVENUE, 28TH FLOOR NEW YORK, NY 10022 | | | Mailing Address 800 THIRD AVENUE, 28TH FLOOR NEW YORK, NY 10022 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 13-4063531 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |

60036131



04282006 Chg-LLC CR2E083 (11/05)

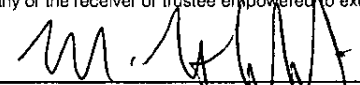
| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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 _____ | | DATE _____ | |
| 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, 2006 | | Make check payable to Florida Department of State | |

| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
|------------------------------|------------------------------|--|--|-----------------------|------------------------|--|--|
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCHAPS, RICHARD | | | NAME | | | |
| STREET ADDRESS | 800 THIRD AVENUE, 28TH FLOOR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK, NY 10022 | | | CITY-ST-ZIP | | | |
| TITLE | SV | <input checked="" type="checkbox"/> Delete | | TITLE | SVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WHITBY, PAUL | | | NAME | Pretsfelder, Steven | | |
| STREET ADDRESS | 800 THIRD AVE, 28TH FL | | | STREET ADDRESS | 800 Third Ave, 28th fl | | |
| CITY-ST-ZIP | NEW YORK, NY 10022 | | | CITY-ST-ZIP | New York, NY 10022 | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JOHNSTON, MARK | | | NAME | | | |
| STREET ADDRESS | 800 THIRD AVE, 28TH FL | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK, NY 10022 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | DATE _____ | DAYTIME PHONE # _____ |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |