## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005176



**FILED** May 05, 2006 8:00 am Secretary of State

1. Entity Name DORAL HOTEL, LLC							05-05-2006 9	0033 03	7 30	.00	
Principal Place of Business			Mailing Address				#44*				
32255 NORTHWESTERN HIGHWAY, SUITE 290 FARMINGTON HILLS, MI 48334			32255 NORTHWESTERN HIGHWAY, SUITE 290 FARMINGTON HILLS, MI 48334			)					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04212006	Chg-LLC	CR2E0	83 (11/05)			
City & State		City & State			4. FEI Numb	er		<u> </u>	plied For t Applicable		
Zip Country		Zip			5. 'Certificate	5. Certificate of Status Desired \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
C T CORPORATION SYSTEM					ss (P.O. Box Numb	er is Not Acceptable	<u> </u>				
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324											
					City			FL	Zip Cod	e	
	named entiti ions of regist	y submits this statement for tered agent.	the purpose of changing its	register	ed office or regis	stered agent, or bo	th, in the State of Flor	rida. I am t	amiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent an	nd title il applicable. (NOTI	E: Registere	d Agent signature requ	uired when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State				
										9	
	ue by May		S/MANAGERS	10.				Departm		•	
9. TITLE	MGR	y 1, 2006  MANAGING MEMBER	RS/MANAGERS	TITU			Florida	Departm		Addition	
9.	MGR VOSOTAS	y 1, 2006	☐ Delete	TITU Nam Stre			Florida	Departm	ent of State		
9. IITLE NAME STREET ADDRESS	MGR VOSOTAS	MANAGING MEMBER S, DANIEL DRTHWESTERN HIGHW	☐ Delete	TITU Nam Stre	E Et address - St-Zip		Florida	Departm	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR VOSOTAS	MANAGING MEMBER S, DANIEL DRTHWESTERN HIGHW	☐ Delete	TITU NAM STRE CITY TITU	E EET ADDRESS - ST-ZIP E E		Florida	Departm	ent of State	Addition	
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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.

866-717-1607 Daytime Phone #