## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000001712

1. Entity Name VRS DORAL LLC

Principal Place of Business

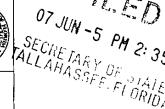
BOSTON, MA 02109

C/O TA ASSOCIATES REALTY

28 STATE STREET, 10TH FLOOR

Mailing Address

C/O TA ASSOCIATES REALTY 28 STATE STREET, 10TH FLOOR BOSTON, MA 02109





05242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	_		Applied For
04-3481401			Not Applicable
5. Certificate of Status Desired		\$5.00	Additional

## DO NOT WRITE IN THIS SPACE

SIGNATURE: Michael KI
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## 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 Parameter and a second and				
	Signature, typed or printed name or registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE				
Filing Fee is \$50.00 Due by September 14, 2007						
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGRM					
NAME	VRS/TA ASSOCIATES LLC					
STREET ADDRESS	28 STATE STREET, 10TH FLOOR					
CITY-ST-ZIP	BOSTON, MA 02109					
TITLE	**************************************					
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS		DO NOT WRITE				
CITY-ST-ZIP		DO NOT WRITE				
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NAME						
STREET ADDRESS						
CITY-ST-ZIP						
11. I hereby certify that the information supplied with this fitting 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.						

Michael Ruane

5/24/07

Date

617 476 2700

Daytime Phone #

Δι	-c	711	NТ	NO	

ACCOUNT NO. : 072100000032

REFERENCE : 931208

4304937

COST LIMIT :

ORDER DATE: June 4, 2007

ORDER TIME : 4:39 PM

BK

ORDER NO. : 931208-070

CUSTOMER NO: 4304937

## ANNUAL REPORT FILING

NAME: VRS DORAL LLC

BK

XX	ANNUAL	REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY PLAIN STAMPED COPY \_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: