

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M99000001712

1. Entity Name
VRS DORAL LLC



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

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

BK

FILED
07 JUN -5 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3481401

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

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: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VRS/TA ASSOCIATES LLC
28 STATE STREET, 10TH FLOOR
BOSTON, MA 02109

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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STREET ADDRESS
CITY - ST - ZIP

000103919770

**DO NOT WRITE
IN THIS SPACE**

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: Michael Ruane Michael Ruane 5/24/07 617 476 2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

M990000001712

ACCOUNT NO. : 072100000032

REFERENCE : 931208 4304937

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 50.00

ORDER DATE : June 4, 2007

ORDER TIME : 4:39 PM

BK

ORDER NO. : 931208-070

CUSTOMER NO: 4304937

FILED
07 JUN -5 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: VRS DORAL LLC

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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

RECEIVED
07 JUN -5 PM 12:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____