

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90267 045 \*\*\*143.75

**DOCUMENT # L04000045299**

1. Entity Name  
**DONER, LLC**



Principal Place of Business  
**COMMERCEBANK TRUST COMPANY  
220 ALHAMBRA CIRCLE 11TH FLOOR  
CORAL GABLES, FL 33134 US**

Mailing Address  
**COMMERCEBANK TRUST COMPANY  
220 ALHAMBRA CIRCLE 11TH FLOOR  
CORAL GABLES, FL 33134 US**

**60018280**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CTC MANAGEMENT SERVICES, LLC  
220 ALHAMBRA CIR, 11TH FL  
CORAL GABLES, FL 33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **COMMERCEBANK TRUST COMPANY, N.A.**  
STREET ADDRESS **220 ALHAMBRA CIRCLE 11TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Mercantil Commercebank Trust Comp., N.A.**  
STREET ADDRESS **220 Alhambra Circle, 11th Floor**  
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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:** *[Signature]* **AUS** **01/07/08** **305-441-5555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #