

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000098378

**Entity Name:** TERRA ACON DORAL PALMS MANAGER, LLC

**Current Principal Place of Business:**

2665 S. BAYSHORE DRIVE  
SUITE #1020  
COCONUT GROVE, FL 33133-5463

**Current Mailing Address:**

PO BOX 330609  
MIAMI, FL 33233 US

**FEI Number:** 45-4940996

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MARTIN, PEDRO A  
Address 2665 S. BAYSHORE DRIVE  
SUITE #1020  
City-State-Zip: COCONUT GROVE FL 33133-5463

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PEDRO MARTIN

**MANAGER**

**02/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date