

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

**DOCUMENT # L00000014477**

1. Entity Name  
**NEW DAWN DORAL, LLC**



Principal Place of Business  
**2601 S BAYSHORE DRIVE  
SUITE #200  
COCONUT GROVE, FL 33133**

Mailing Address  
**C/O NEW DAWN COMPANIES  
2601 S BAYSHORE DRIVE STE 200  
COCONUT GROVE, FL 33133**

**DO NOT WRITE IN THIS SPACE**

03302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**65-1058199**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HABER, ROBERT M ESQ.  
FREEMAN, BUTTERMAN, HABER & ROJAS, LLP  
520 BRICKELL KEY DR., STE. O-305  
MIAMI, FL 33131**

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

(NOTE: Registered Agent signature required when reinstating)

3.30.05  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KAPLAN, JACK  
2601 S BAYSHORE DRIVE STE 200  
COCONUT GROVE, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
AVILA, EDUARDO  
2601 S BAYSHORE DRIVE STE 200  
COCONUT GROVE, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**000050818230**  
04/15/05--01006--008 \*\*50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jack Kaplan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3.30.05  
Date

305-857-0400  
Daytime Phone #