

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90257 022 ****55.00

DOCUMENT # L00000015075

1. Entity Name

DORAL EDGE PARTNERS, L.L.C.

Principal Place of Business

**2103 CORAL WAY, SUITE 201
 MIAMI FL 33145**

Mailing Address

**2103 CORAL WAY, SUITE 201
 MIAMI FL 33145**

960581

2. Principal Place of Business

2222 Ponce de Leon Blvd

3. Mailing Address

2222 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 302

Suite, Apt. #, etc.

Suite 302

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

Dade

Zip

33134

Country

Dade

4. FEI Number

65-1057363

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ACCORDINO, CARMEN A
 2103 CORAL WAY, SUITE 201
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
Rene Dago, Jr.

Street Address (P.O. Box Number is Not Acceptable)
2222 Pnce de Leon Blvd

City
Coral Gables

FL

Zip Code
33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
MGR
 NAME
REALTY EQUITY INVESTMENT TRANSACTIONS, INC
 STREET ADDRESS
2103 CORAL WAY, SUITE 201
 CITY-ST-ZIP
MIAMI FL 33145

TITLE
MEM/MGR
 NAME
Realty Equity Investment Transactions Inc
 STREET ADDRESS
2222 Ponce de Leon Blvd, Ste 302
 CITY-ST-ZIP
Coral Gables, FL 33134

TITLE
MGR
 NAME
ROA CHARRO, MARIA D. PILAR
 STREET ADDRESS
2103 CORAL WAY, SUITE 201
 CITY-ST-ZIP
MIAMI FL 33145

TITLE
MGE
 NAME
Roa de Menendez, Maria Pilar
 STREET ADDRESS
2222 Ponce de Leon Blvd Ste 302
 CITY-ST-ZIP
Coral Gables, FL 33134

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

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

4/30/02

305-443-8900

Date

Daytime Phone # **305-443-8900**

CR2E083 (9/01)