


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000013129

1. Entity Name
WEST DORAL VILLAGE, L.L.C.



Principal Place of Business 230 PALERMO AVENUE CORAL GABLES, FL 33134	Mailing Address 230 PALERMO AVENUE CORAL GABLES, FL 33134
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04202007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3691855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

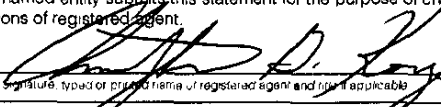
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KORGE, CHRISTOPHER G
 230 PALERMO AVENUE
 CORAL GABLES, FL 33134**

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:  DATE: **4/18/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KORGE, CHRISTOPHER G 230 PALERMO AVE MIAMI, FL 33134
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 05/11/07-80054-013 50.00

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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:  DATE: **4/18/07** DAYTIME PHONE #: **305-444-9533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #