

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90076 009 \*\*\*\*50.00

**DOCUMENT # L03000016379**

1. Entity Name  
CK AT DORAL, LLC



Principal Place of Business  
BAYSHORE EXECUTIVE PLAZA  
10800 BISCAYNE BLVD., STE. 820  
NORTH MIAMI, FL 33161-7482

Mailing Address  
BAYSHORE EXECUTIVE PLAZA  
10800 BISCAYNE BLVD., STE. 820  
NORTH MIAMI, FL 33161-7482

**20008342**



01282005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
81-0627642

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

CHRISTIAN MAHE DE BERDOUARE  
10800 BISCAYNE BLVD., STE 820  
NORTH MIAMI, FL 33161-7482

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reissuing)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE D  
NAME CHRISTIAN MAHE DE BERDOUARE  
STREET ADDRESS 10800 BISCAYNE BLVD., STE. 820  
CITY-ST-ZIP NORTH MIAMI, FL 331617482

TITLE MGRM  
NAME SCOTTO, MARIA  
STREET ADDRESS 10800 BISCAYNE BLVD., STE 820  
CITY-ST-ZIP NORTH MIAMI, FL 331617482

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

**DO NOT WRITE  
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:** \_\_\_\_\_

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

2/1/05

Date

305-892-7878

Daytime Phone #

**ATTACHMENT**  
*20008345*  
**Division of Corporations**

## Annual Report

The following is a review of the changes you are making for the filing of your Annual Report. Please verify the information for accuracy before submitting the document. Should you have additional corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again.

Document Number	L03000016379
Business Entity Name	CK AT DORAL, LLC
FEI Number	810627642
FEI Number Status	Current
Certificate of Status Desired	No

### Principal Place of Business

Address	BAYSHORE EXECUTIVE PLAZA
Suite, Apt. #, etc.	10800 BISCAYNE BLVD., STE. 820
City, State	NORTH MIAMI, FL
Zip Code & Country	331617482

### Mailing Address

Address	BAYSHORE EXECUTIVE PLAZA
Suite, Apt. #, etc.	10800 BISCAYNE BLVD., STE. 820
City, State	NORTH MIAMI, FL
Zip Code & Country	331617482

### Name And Address of Registered Agent

Name (Last, First, Middle, Title)	DE BERDOUARE, CHRISTIAN , M
Address	10800 BISCAYNE BLVD.,
Suite, Apt. #, etc.	STE 820
City, State	NORTH MIAMI, FL
Zip Code & Country	331617482 US
Registered Agent Signature	CHRISTIAN M DE BERDOUARE

### Managing Member/Manager Name And Address

Title	MGRM
Entity Name	CHRISTIAN MAHE DE BERDOUARE
Street Address	10800 BISCAYNE BLVD., STE. 820
City, State	NORTH MIAMI, FL
Zip Code & Country	331617482
Title	MGRM
Name (Last, First, Middle, Title)	SCOTTO, MARIA

**ATTACHMENT**  
2008310

**Street Address** 10800 BISCAYNE BLVD., STE 820  
**City, State** NORTH MIAMI, FL  
**Zip Code & Country** 331617482  
**Title** MGRM  
**Managing Member/Manager Signature** CHRISTIAN M DE BERDOUARE

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