2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

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

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	D	☐ Delete	TITLE	U00000459496	☐ Change ☐ Addition
NAME	CHRISTIAN MAHE DE BERDOUARE		NAME	03/18/06-80034-020 50.00	
STREET ADDRESS	10800 BISCAYNE BLVD., STE. 820		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33161-7482		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCOTTO, MARIA		NAME		
STREET ADDRESS	10800 BISCAYNE BLVD., STE 820		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33161-7482		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: