

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000027631

1. Entity Name
DORAL EXECUTIVE OFFICE PARK, LLC



Principal Place of Business
**4601 PONCE DE LEON BLVD., SUITE 300
CORAL GABLES, FL 33146**

Mailing Address
**4601 PONCE DE LEON BLVD., SUITE 300
CORAL GABLES, FL 33146**

DO NOT WRITE IN THIS SPACE



02142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
27-0064761

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOENIGSBERG, JAY
1101 BRICKELL AVENUE, SUITE 800-SOUTH
ISICOFF, RAGATZ & KOENIGSBERG, P.A.
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

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

(NOTE: Registered Agent signature required when requesting)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BERRIN, ROBERT G
4601 PONCE DE LEON BLVD. #300
CORAL GABLES, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FISHER, ISAAC K
4601 PONCE DE LEON BLVD. #300
CORAL GABLES, FL 33146**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/19/05-80019-002 50.00

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 808, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #