

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

06 AUG -7 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L04000014210

1. Entity Name  
MASTERRA DORAL, LLC

Principal Place of Business  
1200 BRICKELL AVENUE  
1800  
MIAMI, FL 33131

Mailing Address  
1200 BRICKELL AVENUE  
1800  
MIAMI, FL 33131

*Handwritten signature/initials*



07102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1319859

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

MENENDEZ, FRANCISCO J  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI, FL 33130

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	D
NAME	MAS, JUAN CARLOS D
STREET ADDRESS	1200 BRICKELL AVENUE, 18TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	Manager
NAME	Pedro A. Martin
STREET ADDRESS	1200 Brickell Avenue, 18th Floor
CITY-ST-ZIP	Miami, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/15/06--01051--022 \*\*80.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

Pedro A. Martin, Manager

Date

Daytime Phone #

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

8/2/06