

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

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



03032008 No Chg-LLC

CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000902143
04/29/08-80099-002 138.75

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 MGR
NAME MARTIN, PEDRO A
STREET ADDRESS 1200 BRICKELL AVENUE, 18TH FLOOR
CITY- ST- ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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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: _____

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

Date

Daytime Phone #

4-15-08 305-5190545