

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90036 031 ****55.00

DOCUMENT # L04000045299

1. Entity Name
DONER, LLC



Principal Place of Business
**COMMERCEBANK TRUST COMPANY
220 ALHAMBRA CIRCLE 11TH FLOOR
CORAL GABLES, FL 33134 US**

Mailing Address
**COMMERCEBANK TRUST COMPANY
220 ALHAMBRA CIRCLE 11TH FLOOR
CORAL GABLES, FL 33134 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006 Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736**

Name
CTC Management Services, LLC
Street Address (P.O. Box Number is Not Acceptable)
220 Alhambra Circle, 11th Floor
City
Coral Gables FL Zip Code
33134

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 *Pedro Raul Parra* **PEDRO RAUL PARRA, Authorized Representative** **03/23/2006**
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 May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
COMMERCEBANK TRUST COMPANY, N.A.
220 ALHAMBRA CIRCLE 11TH FLOOR
CORAL GABLES, FL 33134** ☐ Delete

TITLE
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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.

COMMERCEBANK TRUST COMPANY, N.A., AS MANAGER

SIGNATURE: *Anthony Perea* **Anthony Perea** **3-23-2006** **(305) 441-5555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #