

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

04-12-2005 90013 020 ****55.00

DOCUMENT # L04000075726					
1. Entity Name DORAL WEST COMMERCE PARK, LLC					
Principal Place of Business 6065 N.W. 167 STREET B-23 MIAMI FL 33105			Mailing Address 6065 N.W. 167TH STREET SUITE B-23 MIAMI FL 33105 33015		
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 20-1894212	
				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		
SCHIFF, JAMES M 9130 SOUTH DADELAND BOULEVARD SUITE 1609 MIAMI FL 33156			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RAHMANAPARST, MAHMOOD		NAME		
STREET ADDRESS	13354 S.W. 58 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	PINECREST FL 33156		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ORTA, PABLO O		NAME		
STREET ADDRESS	15230 S.W. 170 TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33187		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RAMOS, JORGE		NAME		
STREET ADDRESS	14024 N.W. 82 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI LAKES FL 33106		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		
CITY - ST - ZIP			CITY - ST - ZIP		
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 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i>			Date: 1/24/05 (305) 558-2588		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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1st MOORE CR2E083 (10/04)