


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

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 33015
--	--



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1894212	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHIFF, JAMES M 9130 SOUTH DADELAND BOULEVARD SUITE 1609 MIAMI, FL 33156
--

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAHMANAPARST, MAHMOOD 13354 S.W. 58 AVENUE PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTA, PABLO O 15230 S.W. 170 TERRACE MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMOS, JORGE 14024 N.W. 82 AVENUE MIAMI LAKES, FL 33106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>0000001892964 01/25/06-80001-018 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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

1/9/06

Date

(305) 558-2588

Daytime Phone #