

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90206 047 ***143.75

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



2. Principal Place of Business - No P.O. Box #

14345 Commerce Way
Suite, Apt. #, etc.
Miami Lakes, FL
City & State

3. Mailing Address

14345 Commerce Way
Suite, Apt. #, etc.
Miami Lakes, FL
City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-1894212

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

Zip

33016

Country

US

Zip

33016

Country

US

6. Name and Address of Current Registered Agent

SCHIFF, JAMES M
9130 SOUTH DADELAND BOULEVARD
SUITE 1609
MIAMI FL 33156

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consenting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RAHMANAPARST, MAHMOOD	
STREET ADDRESS	13354 S.W. 58 AVENUE	
CITY- ST- ZIP	PINECREST FL 33156	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ORTA, PABLO O	
STREET ADDRESS	15230 S.W. 170 TERRACE	
CITY- ST- ZIP	MIAMI FL 33187	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RAMOS, JORGE	
STREET ADDRESS	14024 N.W. 82 AVENUE	
CITY- ST- ZIP	MIAMI LAKES FL 33106	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 609, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

M. Rahmanaparst

04/21/08

305-558-2588