

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 Mailing Address
6065 N.W. 167 STREET B-23 MIAMI FL 33105 **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)

Zip **33016** Country **US** Zip **33016** Country **US**

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
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 _____ (NOTE: Registered Agent signature required when reconstituting) 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			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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 608, Florida Statutes.

SIGNATURE: *M. Rahmanaparst* **04/21/08** **305-558-2588**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #