2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086782

1. Entity Name
AG DORAL, L.C.

Principal Place of Business	Mailing Address
3191 CORAL WAY, SUITE 303 MIAMI, FL 33145	3191 CORAL WAY, SUITE 303 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

01162006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

8. Name and Address of Current Registered Agent

KLEIN, BRENT D
PENTHOUSE IIB
TWO ALHAMBRA PLAZA
CORAL GABLES, FL 33134

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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	MGRM	
NAME	ARMAS, JOSE J	
STREET ADDRESS	225 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	MGRM	
NAME	ARMAS, ADA	
STREET ADDRESS	225 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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   Date   Daytime Phone #