## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2007 08:00 AM Secretary of State

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1. Entity Name

GREENS AT DORAL, LLC



Principal Place of Business

Mailing Address

5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126



## DO NOT WRITE IN THIS SPACE

04132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
83-0414376

Solution all Fee Required

Applied For Not Applied F

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC. 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	/ DATE
F	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAJAEE, MASAUD 5835 BLUE LAGOON DRIVE, 4TH FLOOR MIAMI, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000728579 05/08/07-80004-005 50.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
INTLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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 frue 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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_

STREET ADDRESS CITY-ST-ZIP

Masoud Shojaee

4/18/07

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

Daytime Phone #