2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000008626

1. Entity Name

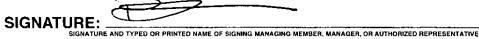
LANDMARK CLUB AT DORAL, LLC



FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90018 036 ****50.00

Principal Place of Business		Mailing Address	Mailing Address							
7284 W. PALMETTO PARK ROAD, SUITE 106 BOCA RATON FL 33433			7284 W. PALMETTO PARK ROAD, SUITE 106 BOCA RATON FL 33433		 					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		_	LIDII DII BOIDI BIILI BEKI BI	AMI AMITI AMITI AMIMI IN	iid ehig hale eh	881 W (281	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)					
City & State		City & State	City & State		4. FETYURID	שודוב	FPF		plied For at Applicable	
Zip	Country	Zip	Country	Country		5. Certificate of Status Desired				
•	<u> </u>		7. Name and	Address of New	Registered A	gent				
				Name						
KASKEL, DANIEL A P.A. 7284 W. PALMETTO PARK ROAD, SUITE 108 BOCA RATON FL 33433			Stree	Street Address (P.O. Box Number is			ble)			
			City				FL	Zip Code	e	
	named entity submits this statementions of registered agent.	t for the purpose of changing it	s registered office	or registe	red agent, or bo	oth, in the State of	Florida. I am fa	miliar with,	and accept	
SIGNATURE										
	Signature, typed or printed name of registered ag	gent and title it applicable (NC	TE Registered Agent sig	nature requirer	d when reinstating)		DATE	·		
	·	1	IOW!!! FEE IS							
		Make Check Paya							į	
			ue By May 1, 20	, , , , , , , , , , , , , , , , , , ,						
9.	T	MBERS/MANAGERS	10.			ADDITION	IS/CHANGES			
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME CIDILLA VODE DE	BERDUGO, ELIE	NAME STREET ADDRES								
STREET ADDRESS 7284 W. PALMETTO PARK ROAD, CITY-SI-ZIP BOCA RATON FL 33433		AD, SUITE 106	CITY-ST-ZIP	٥						
-	BOCA RATON FL 33433									
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRES	5						
CITY-ST-ZIP			CITY-ST-ZIP	~						
TITLE		☐ Delete	TITLE	+				☐ Change	Addition	
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TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRES	is						
CITY-ST-ZIP			CITY-ST-ZIP			·				
11. I hereby	certify that the information supplied	with this filing does not qualify	for the exemptio	ns contain	ed in Section 1	19, Florida Statute	s. I further cert	fy that the i	nformation	

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.



4-12-01

Daylime Phone #