# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000052419**

**1.** Entity Name
M & M DORAL, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 6000 N.W. 97TH AVENUE UNIT C<br>MIAMI, FL 33172 | 6000 N.W. 97TH AVENUE UNIT C<br>MIAMI, FL 33172 |

04102006    Chg-LLC    CR2E083 (11/05)

| **2.** Principal Place of Business | **3.** Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country | Zip | Country |

**4.** FEI Number
20-293/969

Applied For ☐
Not Applicable ☐

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

| **6. Name and Address of Current Registered Agent** | **7. Name and Address of New Registered Agent** |
|---|---|
| LARREA & ORTEGA<br>150 ALHAMBRA CIRCLE STE 950<br>CORAL GABLES, FL 33134 | 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 reinstating)    DATE

**Filing Fee is $50.00**
**Due by May 1, 2006**

**Make check payable to**
**Florida Department of State**

| **9.** | MANAGING MEMBERS / MANAGERS | | **10.** | | ADDITIONS / CHANGES | |
|---|---|---|---|---|---|---|
| TITLE | MGRM | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | CHEW, MARGARET | | NAME | | | |
| STREET ADDRESS | 6000 N.W. 97TH AVENUE UNIT C | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | CITY-ST-ZIP | | | |
| TITLE | MGRM | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | CHEW, THOON-SEONG | | NAME | | | |
| STREET ADDRESS | 6000 N.W. 97TH AVENUE UNIT C | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ 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 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:** _____    4/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #