


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000104219
 1. Entity Name
 DORAL 107TH CENTER, LLC



Principal Place of Business: 3805 N.W. 107TH AVENUE, SUITE 123 MIAMI, FL 33178
 Mailing Address: 3805 N.W. 107TH AVENUE, SUITE 123 MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE



03272008No Chg-LLC CR2E083 (12/07)

4. FEI Number: 52-2411258
 Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

QUESADA, G. FRANK ESQ
 1313 PONCE DE LEON BLVD., SUITE 200
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000946610
 05/30/08-80056-015 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------------------|
| TITLE | MGRM |
| NAME | IRASTORZA, BENITO M |
| STREET ADDRESS | 3805 N.W. 107TH AVENUE, SUITE 123 |
| CITY- ST- ZIP | MIAMI, FL 33178 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY- ST- ZIP | |

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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:  DATE: 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #