

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097336

FILED
Mar 26, 2008
Secretary of State

Entity Name: DORAL FIELD HOCKEY CLUB, LLC

Current Principal Place of Business:

5501 NW 105 CT
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

5501 NW 105 CT
DORAL, FL 33178

New Mailing Address:

10709 NW 81ST LANE
DORAL, FL 33178

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DILENA, ROBERTO N
3981 ADRA AVENUE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUINTELA, MONICA L
Address: 9886 NW 51 TERRACE
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: CAPPANERA DE QUINN, GABRIELA
Address: 10921 NW 88 TERRACE, APART 1304
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: SANSONE, PAOLA
Address: 5501 NW 105 CT
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CAPPANERA DE QUINN, GABRIELA
Address: 10709 NW 81ST LANE
City-St-Zip: DORAL, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GABRIELA CAPPANERA DE QUINN MGRM 03/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date