

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000043130

FILED
Oct 04, 2012
Secretary of State

Entity Name: CC DORAL PEBBLEWALK, LLC

Current Principal Place of Business:

135 SAN LORENZO AVENUE
SUITE 750
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

135 SAN LORENZO AVENUE
SUITE 750
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 45-2102039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAGG, K. LAWRENCE
200 S BISCAYNE BLVD
SUITE 4900
MIAMI, FL 33131 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: VP
Name: GRAGG, K. LAWRENCE
Address: 135 SAN LORENZO AVENUE SUITE 750
City-St-Zip: CORAL GABLES, FL 33146 US

Title: P
Name: CARR, JAMES M
Address: 135 SAN LORENZO AVENUE SUITE 740
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VP
Name: CODINA, ARMANDO
Address: 135 SAN LORENZO AVENUE SUITE 750
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VP
Name: BURNHAM, ANDREW
Address: 135 SAN LORENZO AVENUE SUITE 740
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VP
Name: FREY, ANDREW
Address: 135 SAN LORENZO AVENUE SUITE 750
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VPST
Name: EISENACHER, HAROLD L
Address: 135 SAN LORENZO AVENUE SUITE 740
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby 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: ANDREW FREY

V

10/04/2012

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