

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0003789 AF

DOCUMENT # L98000001696

1. Entity Name
PEBBLE WALK AT DORAL, LLC

00 MAY 18 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2300 CORAL WAY, SUITE 111
MIAMI FL 33145

Mailing Address
2300 CORAL WAY, SUITE 111
MIAMI FL 33145-3511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8600 NW 36 STREET
Suite, Apt. #, etc.
SUITE 101

3. Mailing Address
8600 NW 36 STREET
Suite, Apt. #, etc.
SUITE 101

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

65-0985283

Applied For

Not Applicable

Zip
33166

Country
MIAMI-DADE

Zip
33166

Country
MIAMI-DADE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DADE CORPORATE SERVICES
2300 CORAL WAY, SUITE 103
MIAMI FL 33145

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

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06/12/00 01113-018

*****50.00 *****50.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JASON, DORAN A 8600 DORAL BLVD., STE 101 MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP	Member DKO Venture Partners c/o 2300 Coral Way Suite 111 Miami, Florida 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEMBER HARRIS N. STEINBERG 8600 NW 36 STREET, STE 101 MIAMI, FLORIDA, 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEMBER JAMES HEALY 8600 NW 36 STREET, SUITE 101 MIAMI, FLORIDA 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEMBER LORETTA METCALF 8600 NW 36 STREET, SUITE 101 MIAMI, FLORIDA 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEMBER MICHAEL GOODE 8600 NW 36 STREET, SUITE 101 MIAMI, FL ORIDA 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEMBER JOEL GOODE 8600 NW 36 STREET, SUITE 101 MTAMI, FLORIDA 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Signature of Jason Doran
Jason Doran

4/25/00

(305) 592 7606

CR21-033 (9/99)