

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-13-2002 90106 030 ****55.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L98000001696

1. Entity Name

PEBBLE WALK AT DORAL, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8600 NW 36 St.

Suite, Apt. #, etc.
101

City & State
Miami, FL

Zip
33166

Country
USA

3. Mailing Address

8600 NW 36 St.

Suite, Apt. #, etc.
101

City & State

Miami, FL

Zip
33166

Country
USA

4. FEI Number

650985283

Applied For
(Not Applicable)

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dade Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2300 Coral Way, Suite 103

City Miami

FL

Zip Code
33145

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 date if applicable.

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Jason, Doran A 8600 Doral Blvd., Suite 101 Miami, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

DORAN JASON

Date

Daytime Phone #

4/26/02 (305) 855-5558

CR2E083B (12/01)