

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90065 046 ****50.00

DOCUMENT # L98000001696

1. Entity Name
PEBBLE WALK AT DORAL, LLC



Principal Place of Business
**8600 NW 36 STREET, SUITE 101
MIAMI, FL 33166**

Mailing Address
**8600 NW 36 STREET, SUITE 101
MIAMI, FL 33166**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**3155 NW 82 Ave
101**
Suite, Apt. #, etc.
City & State
Miami FL
Zip Country
33122 Dade



04222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0985283

Applied For
Not Applicable

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
The Doran Jason Group of Florida, Inc
Street Address (P.O. Box Number is Not Acceptable)
**3155 NW 82 Avenue
Suite 101
City Miami FL Zip Code 33122**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

4/23/04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRM	JASON, DORAN A	3155 NW 82 Ave #101 Miami, FL 33122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

4/22/04