

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000797

Entity Name: DORAL K1 PHASE LLC

FILED  
Apr 25, 2008  
Secretary of State

## Current Principal Place of Business:

2855 LEJEUNE RD., 4TH FLOOR  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2855 LEJEUNE RD., 4TH FLOOR  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 20-8194862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COBB, KOLLEEN O.P.  
355 ALHAMBRA CIRCLE, SUITE 900  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

COBB, KOLLEEN O.P.  
2855 S. LEJEUNE ROAD, 4TH FLOOR  
CORAL GABLES, FL 33134 US

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:

04/25/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DORAL K1 MEZZANINE L, LC  
Address: 2855 LEJEUNE RD. 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: P ( ) Change (X) Addition  
Name: CODINA, ARMANDO  
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Change (X) Addition  
Name: COBB, CHRISTIAN  
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Change (X) Addition  
Name: HEVIA, JOSE  
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Change (X) Addition  
Name: BONAPACE, MARK  
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPS ( ) Change (X) Addition  
Name: COBB, KOLLEEN  
Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

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: KOLLEEN COBB

VP

04/25/2008

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