

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000797

Entity Name: DORAL K1 PHASE LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

245 PARK AVENUE
2ND FLOOR
NEW YORK, NY 10167

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 5005
NEW YORK, NY 10163

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.
2855 S. LEJEUNE ROAD, 4TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CT CORPORATION SYSTEM

04/01/2009

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

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

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

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DORAL K1 MEZZANINE L, LC
Address: 245 PARK AVENUE, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10167

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

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City-St-Zip:

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

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: ETHEL GAVRILOVA

SEC

04/01/2009

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