

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000043130

Entity Name: CC DORAL PEBBLEWALK, LLC**Current Principal Place of Business:**135 SAN LORENZO AVENUE
SUITE 750
CORAL GABLES, FL 33146**Current Mailing Address:**135 SAN LORENZO AVENUE
SUITE 750
CORAL GABLES, FL 33146**FEI Number:** 45-2102039**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	VP
Name	GRAGG, K. LAWRENCE
Address	135 SAN LORENZO AVENUE SUITE 750
City-State-Zip:	CORAL GABLES FL 33146

Title	P
Name	CARR, JAMES M
Address	135 SAN LORENZO AVENUE SUITE 740
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	CODINA, ARMANDO
Address	135 SAN LORENZO AVENUE SUITE 750
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	BURNHAM, ANDREW
Address	135 SAN LORENZO AVENUE SUITE 740
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	FREY, ANDREW
Address	135 SAN LORENZO AVENUE SUITE 750
City-State-Zip:	CORAL GABLES FL 33146

Title	VPST
Name	EISENACHER, HAROLD L
Address	135 SAN LORENZO AVENUE SUITE 740
City-State-Zip:	CORAL GABLES FL 33146

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAROLD L EISENACHER

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04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date