

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:**GRAGG, K. LAWRENCE
200 S BISCAYNE BLVD
SUITE 4900
MIAMI, FL 33131 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GRAGG, K. LAWRENCE

VP

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date