

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000178

FILED
Mar 10, 2005
Secretary of State

Entity Name: DOUGLAS ENTERPRISES INTERNATIONAL, LLC

Current Principal Place of Business:

317 SW BROTHERS LANE
LAKE CITY, FL 32025

New Principal Place of Business:

340 SW PLANTATION TERR.
LAKE CITY, FL 32025

Current Mailing Address:

PO BOX 2648
LAKE CITY, FL 32056

New Mailing Address:

340 SW PLANTATION TERR.
LAKE CITY, FL 32025

FEI Number: 59-3418015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS RD
SUITE 230
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DOUGLAS, HERBERT M
Address: P.O. BOX 2648
City-St-Zip: LAKE CITY, FL 32056

Title: MGRM () Delete
Name: DOUGLAS, DIANA S
Address: P.O. BOX 2648
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DOUGLAS, HERBERT M
Address: 340 SW PLANTATION TERR.
City-St-Zip: LAKE CITY, FL 32025

Title: MGRM (X) Change () Addition
Name: DOUGLAS, DIANA S
Address: 340 SW PLANTATION TERR.
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIANA S. DOUGLAS

VP

03/10/2005

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