

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M98000000314

1. Entity Name
DOUGLAS CENTRE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 26 PM 12:44

Principal Place of Business
1013 CENTRE ROAD
WILMINGTON DE 19805

Mailing Address
2600 DOUGLAS ROAD, SUITE 204
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0824056**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSALES, X.E.
2600 DOUGLAS ROAD
CORAL GABLES FL 33134

Name
JUAN LOUMIET - GREENBERG TRAURIG

Street Address (P.O. Box Number is Not Acceptable)
1221 BRICKELL AVENUE

City **MIAMI** FL Zip Code **33131**

8. 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 *Juan Loumiet*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/6/01**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700003961717--3
-04/05/01--01036--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR ROSALES, X.E.	2600 DOUGLAS ROAD	CORAL GABLES FL 33134	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
SUITE 204			<input type="checkbox"/>	<input checked="" type="checkbox"/>
PT ROSALES, X. FRANCISO	2600 DOUGLAS ROAD, SUITE 204	CORAL GABLES, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VS STEVEN T. LEVITT	2600 DOUGLAS ROAD, SUITE 204	CORAL GABLES, FL 33134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *X. Francisco Rosales*

X. Francisco Rosales

2/28/01

(305)444-1620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)